UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WE	RITE IN THIS SPACE
12-RC-213169	Date Filed 1/17/2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of Interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) Involved (Street and number, city. State, ZIP code) Planned Parenthood Global, Latin America Regional Office 169 East Flagler Street, Suite 836, Miami, FL 33131 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Dee Redwine, Regional Director same 3c. Tel, No. 3d Cell No. 3e. Fax No. 3f. E-Mail Address 3054806401 none none dee.redwine@ppfa.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Health Care Provider Health Care and Education Miami, Florida 5b. Description of Unit Involved 6a. No. of Employees in Unit Included: All full time and regular part time staff employees. 14 6b. Do a substantial number (30% Excluded: All other employees. or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 1/11/18 and Employer declined recognition on or about (Date) (If no reply received, so state). no reply Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8h Address none 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Manual Mail Mixed Manual/Mail 11a. Election Type: any such election. 11b. Election Date(s): 11c. Election Time(s): 11d Election Location(s): 2/1/18 11am Employee Breakroom, 169 East Flagler Street, Suite 836, Mrami, FL 33131 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Office & Professional Employees International Union, Local 153 265 West 14th Street, 6th Floor, New York, NY 10011 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Office & Professional Employees International Union, AFL-CIO 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 2122924665 9176905594 2124639479 galipeaun@gmail.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Nicholas Galipeau 13b. Address (street and number, city, state, and ZIP code) 265 West 14th Street, 6th Floor, New York, NY 10011 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 2122924665 9176905594 2124639479 galipeaun@gmail.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Title Date Nicholas Galipeau

Organizing Director WILLFUL FALSE STATEMENTS ON THIS PETITION GAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) **PRIVACY ACT STATEMENT**

1/16/18

FORM NLRB-502 (RC) (4-15)

UNITED STATES GOVERNMENT RC PETITION

WILLFUL FALSE STATE

DO NOT WRITE IN THIS SPACE				
Case No	Date Filed			
12-RC-216242	3/8/18			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITIONRC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Pelitioner and Pelitioner desires to be certified as representative of the employees, The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (street and number, city, state, zip code) ACCENT CONTROLS BUILDING 175 SWAN ROAD, NAS, JACKSONVILLE, FL 32212 3a, Employer Representative - Name and Title 3b. Address (if same as 2b - state same) JERRY JANIAK 1601 BURLINGTON STREET, NORTH KANSAS CITY, MO 64116 3c. Tel. No. 3d. Cell No. 3d E-Mall Address 3e. Fax No. JJANIAK@ACCENTCONTROLS.COM 816-215-6980 816-483-6360 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service WAREHOUSE/SHIPPING/RECEIVING NAS - JACKSONVILLE, FL & WAREHOUSE/LOGISTICS SERVICES MAYPORT, FL 5b. Description of Unit Involved 6a. No. of Employees in Unit: ncluded: 105 PLEASE SEE ATTACHMENT. 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES, MANAGERIAL EMPLOYEES, GUARDS, AND SUPERVISORS, AS DEFINED IN THE ACT. Check One: 7a. Request for recognition as Bargaining Representative was made on Petition will serve as request for recognition and Employer declined recognition on or (date) (if no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8h. Address NONE N/A 8f. E-Mall Address 8c. Tel. No. 8d. Cell No. Se. Fax No. N/A N/A N/A Bg. Affiliation, if any 8h. Date of Recognition or Certification 81. Expiration Date of Current or Most Recent Contract, if any (Month, Day. Year) N/A N/A 9. Is there now a strike or picketing at the Employers establishment(s) involved? If so, approximately how many employees are participating? N/A , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (# none, so state) NONE 10b. Address 10c. Tel. No. 10d. Cell No. N/A 10f, E-Mail Address N/A N/A 10e. Fax No. N/A Election Type:

Manual Mail 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s) 11d. Election Location(s): NAS - JACKSONVILLE, FL: 11:00 AM - 2:00 PM NAS - JACKSONVILLE, FL: BLDG, 176 BREAK ROOM 03/29/2018 MAYPORT, FL: 7:00 AM - 8:00 AM MAYPORT, FL: U191 BREAK ROOM 12 a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 690 E. LAMAR BLVD., SUITE 580, ARLINGTON, TX 76011 IAMAW, AFL-CIO 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent til none, so state) INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS, AFL-CIO 12e Cell No. 12f. Fax No. 12g. E-Mall Address 12d. Tel. No. 817-505-0100 817-459-0107 13. Representative of the Petitioner who will accept service of all papers for purposes of the repr sentation proceeding. 13b. Address (street and number, city, state, and ZIP code) JAMES R. LITTLE - GRAND LODGE SPECIAL REPRESENTATIVE 690 E. LAMAR BLVD, SUITE 580, ARLINGTON, TX 76011 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13d. E-Mail Address 817-505-0100 682-401-7835 817-459-0107 JLITTLE@IAMAW.ORG I declare that I have read the above Petition and that the statements are true to the best of my knowledge and belief. Signat DATE JAMES R. LITTLE GRAND LODGE REPRESENTATIVE 3/08/2018 MENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

ATTACHMENT:

ALL FULL AND REGULAR PART - TIME ORDER FILLERS, STOCK CLERK'S STOCK CLERKS INVENTORY, STOCK CLERK'S QC, STOCK CLERK'S QC LEAD, STOCK CLERK CUSTOMER SERVICE, WAREHOUSE SPECIALIST, MECHANIC, MATERIAL HANDLER, SHIPPER/PACKAGE, SHIPPING/PACKAGE LEAD FMS, SHIPPING/PACKAGE FMS, SHIPPING/PACKAGE TRANS, SHIPPING/RECEIVING, GENERAL CLERK 2, TEMP. WAREHOUSE SPECIALIST LEAD, TEMP WAREHOUSE, TEMP MATERIAL HANDLER, TRUCK DRIVER'S (LIGHT, MEDIUM, HEAVY) WOODWORKERS. PERFORMING WORK AT THE COMPANY'S FACILITY AT THE NAVAL AIR STATION JACKSONVILLE, FLORIDA,

ge

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

UNITED STATES GOVERNMENT	DO NOT WRITE IN THIS SPACE		
NATIONAL LABOR RELATIONS BOARD	Case No.	Date Filed	
RC PETITION	12-RC-217160	3/23/2018	
INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.	gov, submit an original of this Petitic	on to an NLRB office in the Region	

in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Coca-Cola Beverages of Florida (CCBF) 3350 Pembroke Rd 33024 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Elysa Adams HR Business Partner Same 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (954) 649-9565 eadams@cocacolaflorida.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Beverage Distributor Soft Drinks South Florida 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: Service Technicians working in South Florida District of CCBF 6b. Do a substantial number (30% or more) of the employees in the (1) all other employees of the employer; and (2) all service techs working in other districts. unit wish to be represented by the Petitioner? Yes ✓ No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. F-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a, Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e, Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual ✓ Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): April 10, 11, 12, 2018 Mail Ballot Mail Ballot 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) IUE-CWA 2701 Dryden Rd. Dayton, OH 45439 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Communications Workers of America 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (937) 298-9984 (937) 298-2636 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Robert F. Holt, Staff Attorney 13b. Address (street and number, city, state, and ZIP code) 2701 Dryden Rd, Dayton, OH 45439 13e. Fax No. 13c. Tel No. 13d, Cell No. 13f. E-Mail Address (937) 298-9984 (937)723-1779 (937)298-2636 rholt@iue-cwa.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief, Name (Print) Signature Title Date Robert F. Holt Staff Attorney March 17, 2017

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

FORM NLRB-502 (RC) (4-16)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RCPETITION

Do not write in this space

Case No.
Ca

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITIONRC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (street and number, city, state, zip code) 2a. Name of Employer EMPREZAS VELAZQUEZ, INC. CARR 845 KM 0.6 CUPEY BAJO, RIO PIEDRAS, PR 00926 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) MIRIAM VELAZQUEZ FLOREZ - PRESIDENT (SAME AS ABOVE) 3d. E-Mail Address 3e. Fax No 787-761-0240 MIRIAMVELAZQUEZ@GMAIL.COM 787-761-5700 5a. City and State where unit is located? 4a, Type of Establishment (Factory, mine, wholesaler. etc.) 4b. Principal product or service SALE OF AUTOMOTIVE PARTS/ ACCESSORIES RIO PIEDRAS, PR. **AUTO PARTS AND ACCESSORIES** 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: ALL FULL AND REGULAR PART TIME HOURLY SALESMEN WORKING FOR EMPREZAS VELAZQUEZ, INC. IN RIO PIEDRAS, 14 6b. Do a substantial number (30% PR. or more) of the employees in the unit wish to be represented by the Excluded: Petitioner? Yes V No OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES, MANAGERIAL EMPLOYEES, GUARDS, AND SUPERVISORS, AS DEFINED IN THE ACT. Check One: 7a. Request for recognition as Bargaining Representative was made on Petition will serve as request for recognition and Employer declined recognition on or about _____(date) (if no reply received, so state).

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address NONE N/A 8c. Tel. No. E-Mail Address 8d. Cell No. N/A N/A N/A 8g. Affiliation, if any 8h. Date of Recognition or Certification 81. Expiration Date of Current or Most Recent Contract, If any (Month, Day, Year) N/A N/A 9. Is there now a strike or picketing at the Employers establishment(s) involved? If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) NONE 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. N/A 10e. Fax No. N/A 10f. E-Mail Address N/A N/A N/A 11. Bection Details: If the NLRB conducts an election in this matter, state your position with respect to 1a. Election Type: ✓ Manual Mall any such election. Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 04/27/2018 TRAINING ROOM 2:00 PM - 3:00 PM 12 a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) IAMAW, AFL-CIO 690 E. LAMAR BLVD., SUITE 580, ARLINGTON, TX 76011 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS, AFL-CIO 12f. Fax No 12g. E-Mall Address 12e. Cell No. 12d. Tel. No. 817-505-0100 817-459-0107 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a Name and Title 13b. Address (street and number, city, state, and ZIP code) JAMES R. LITTLE - GRAND LODGE SPECIAL REPRESENTATIVE 690 E. LAMAR BLVD, SUITE 580, ARLINGTON, TX 76011 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13d. E-Mail Address 817-505-0100 JLITTLE@IAMAW.ORG 682-401-7835 817-459-0107 I declare that I have read the above Petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature DATE GRAND LODGE REPRESENTATIVE JAMES R. LITTLE 4/03/2018 WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PONISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.0 § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed, Reg. 74942-43 (Dec 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

. DO NO	T WRITE IN THIS SPACE
Case No. 12-RC-217725	Date Filed PR 3, 2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Hospital Damas, Inc. 2213 Ponce Bypass, Ponce, PR 00717-1318 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) SAME AS ABOVE Gilberto Cuevas, HR Director 3c. Tel. No. 3e. Fax No. 3f. E-Mail Address 3d. Cell No. (787) 840-8686 787-813-0592 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Acute Health Care Facility Hospital and Medical Services Ponce, P.R. 6a. No. of Employees in Unit: 5b. Description of Unit Involved 22 Included: All full time and regular part-time janitorial employees at the Employer's Hospital in Ponce, 6b. Do a substantial number (30% Puerto Rico. or more) of the employees in the unit wish to be represented by the Petitioner? Yes [x] No [] **Excluded:** All other employees, and guards and supervisors as defined in the Act _____ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address Unidad Laboral de Enfermeras(os) y Empleados de la Salud (ULEES) Urb. La Merced, Ext. Roosevelt, 354 Calle Héctor Salaman, San Juan, PR 00918-2111 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8c. Tel No. 787-763-8310 contacto@unidadlaboral.com 787-763-8380 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any Contract, if any (Month, Day, Year) None December 31, 2008 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) __ 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) none 10b Address 10d. Cell No. 10a. Name 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a, Election Type: xx Manual Mail Mixed Manual/Mail any such election: 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): At Employer's facility April 26, 2018 6AM to 8AM and 2PM to 4PM 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) P.O. Box 29247, Estacion 65 de Infanteria, Rio Piedras, Union General de Trabajadores, Local 1199 P.R. 00929 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) SEIU 12d. Tel No. 12f. Fax No. 12g. E-Mail Address 12e. Cell No. 787-760-5050 787-568-7394 787-761-5830 mrivera@ugtpr.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) SAME AS ABOVE 13a Mayra Rivera-Cordero, Organizing Secretary 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 13c. Tel No. SAME AS ABOVE SAME AS ABOVE SAME AS ABOVE SAME AS ABOVE I declare that I have read the above per and that the statements are true to the best of my knowledge and belief. Name (Print) Date Mayra Rivera-Cordero Organizing Secretary

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

OK KELATIONS BOAKD	Case No.
PETITION	12-RC-2177

DO NO	T WRITE IN THIS SPACE	
Case No. 12-RC-217728	Date Filed 3, 2018	

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Hospital Damas, Inc. 2213 Ponce Bypass, Ponce, PR 00717-1318 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) SAME AS ABOVE Gilberto Cuevas, HR Director 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (787) 840-8686 787-813-0592 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Acute Health Care Facility Hospital and Medical Services Ponce, P.R. 5b. Description of Unit Involved 6a. No. of Employees in Unit: 13 Included: All full time and regular part-time Cooks, Cook Helpers, Warehouse Person, Food Service 6b. Do a substantial number (30% Employees, and Cafeteria Employees who work for the Employer at its hospital facility in Ponce, Puerto or more) of the employees in the Rico. unit wish to be represented by the Petitioner? Yes [x] No [] **Excluded:** All other employees, and guards and supervisors as defined in the Act 7a. Request for recognition as Bargaining Representative was made on (Date) __ and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address Unidad Laboral de Enfermeras(os) y Empleados de la Salud (ULEES) Urb. La Merced, Ext. Roosevelt, 354 Calle Héctor Salaman, San Juan, PR 00918-2111 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 787-763-8310 contacto@unidadlaboral.com 787-763-8380 8i. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification 8g. Affiliation, if any Contract, if any (Month, Day, Year) None September 12, 2006 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) none 10c. Tel. No. 10d. Cell No. 10a. Name 10b. Address 10f. E-Mail Address 10e Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: xx Manual _ Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): At Employer's facility 6AM to 8AM and 2PM to 4PM April 26, 2018 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) P.O. Box 29247, Estacion 65 de Infanteria, Rio Piedras, Union General de Trabajadores, Local 1199 P.R. 00929 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) SEIU 12g. E-Mail Address 12d. Tel No. 12e. Cell No. 12f. Fax No. 787-761-5830 mrivera@ugtpr.org 787-760-5050 787-568-7394 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) SAME AS ABOVE 13a. Mayra Rivera-Cordero, Organizing Secretary 13f. E-Mail Address 13c. Tel No. 13d. Cell No. 13e. Fax No. SAME AS ABOVE SAME AS ABOVE SAME AS ABOVE AME AS ABOVE I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Organizing Secretary Mayra Rivera-Cordero

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No. 12-RC-217749	Date Filed 3, 2018			

NSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is						
located. The petition must be accompanied						
in the petition of: (1) the petition; (2) Statem interest should only be filed with the NLRB	ent of Position to	rm (Form NLRB-50	15); and (3) Description of I	Representation Case	Procedures (Fo	rm NLRB 4812). The showing of
				of employees wish to	he represented	for purposes of collective
 PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and 						
requests that the National Labor Relat	ions Board proc	eed under its pro	per authority pursuant to	Section 9 of the Na	tional Labor Re	elations Act.
2a. Name of Employer						mber, city, State, ZIP code)
Hospital Damas, Inc.			2213 Ponce Bypa		0717-1318	
3a. Employer Representative – Name and	Title		3b. Address (If same as	2b - state same)		SAME SHEET
			SAME AS ABOVE			1
Gilberto Cuevas, HR Director			1000 pp 1000 pp		200 V V V 100 100 100 100 100 100 100 100	
3c. Tel. No.	3d. Cell No.		3e. Fax No.	2/2-2/. 20052-33	3f. E-Mail Addr	ess
(787) 840-8686	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		787-813-0592			2 V 72 195 45 V 197 15
4a. Type of Establishment (Factory, mine, w	holesaler, etc.)	4b. Principal prod			5a. City a	and State where unit is located:
Acute Health Care Facility		Hospital and N	Medical Services		Ponce,	
5b. Description of Unit Involved					1	6a. No. of Employees in Unit:
Included: All full time and reg	ular part-time	general mech	anics, Carpenters, B	io-medical Equi	pment and	17
Electronic Technicians, Boiler						6b. Do a substantial number (30%
Refrigeration Technicians, Mainte					i iviakcis,	or more) of the employees in the unit wish to be represented by the
Refrigeration reclinicians, Maint	chance Helper	s, masons and	an Laundry Departi	nent employees	1	Petitioner? Yes [x] No []
	C240	85:04:00				· consener · co [//] // [
Excluded: All other employees					s,	
accountants, other professional en	nployees, and	guards and su	pervisors as defined	in the Act		
Check One: 7a. Request for re	cognition as Barg	aining Representa	tive was made on (Date) _	and E	imployer decline	d recognition on or about
(Date)	(If no reply receiv	red, so state).				en brende brende bis de
7b. Petitioner is c	urrently recognize	d as Bargaining Re	epresentative and desires of	certification under the	Act.	9500000 W 650000
8a. Name of Recognized or Certified Bary	gaining Agent (If	none, so state).	8b. Address			\
Unidad Laboral de Enfermeras(os) y	Empleados de	la Salud (ULEE	S) Urb. La Mei	rced, Ext. Rooseve	elt, 354 Calle	Hector Salaman, San Juan, PR
		**************************************	00918-2111		<u> </u>	
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Addr	10.1940 Self-enter and a series
787-763-8310			787-763-8380		contacto@u	nidadlaboral.com
8g. Affiliation, if any			8h. Date of Recognition or	Certification	8i. Expiration D	Date of Current or Most Recent
None		1				(Month, Day, Year)
					September 1	
9. Is there now a strike or picketing at the E	mployer's establis	hment(s) involved	? <u>No</u> If so, app	roximately how many	y employees are	participating?
(Name of labor organization)		has picke	eted the Employer since (M	onth, Day, Year)		
10. Organizations or individuals other than I	Petitioner and tho	se named in items	8 and 9, which have claim	ed recognition as rep	resentatives and	other organizations and individuals
known to have a representative interest in a	iny employees in	the unit described	in item 5b above. (If none,	so state) none		2.000 (1905-1908-1907)
10a. Name	10b. Ad			10c. Tel. No.	Section 1997	10d. Cell No.
				10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB conducts	s an election in thi	s matter, state you	r position with respect to	11a. Election Type	: XX Manual	Mail Mixed Manual/Mail
any such election. 11b. Election Date(s):	11c. El	ection Time(s):		11d. Election Local	tion(s):	
Arpil 26, 2018		to 8AM and 2P	M to 4PM	At Employer's	facility	10 W 10 W
12a. Full Name of Petitioner (Including Id	100 100 100 100 100 100 100 100 100 100					city, state, and ZIP code)
Union General de Trabajad				P.O. Box 29247	7, Estacion 65	de Infanteria, Rio Piedras,
omon concrat de Arabajac	01 00, 20011			P.R. 00929		•
12c. Full name of national or international la	abor organization	of which Petitioner	is an affiliate or constituen	t (if none, so state)		
SEIU						10-10-10-10-10-10-10-10-10-10-10-10-10-1
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail Ad	ddress
787-760-5050 787-568-7394 787-761-5830 mrivera@ugtpr.org						
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.						
13a. Mayra Rivera-Cordero, Organizing Secretary 13b. Address (street and number, city, state, and ZIP code) SAME AS ABOVE						
	13d. Cell No.	Secretary	13e. Fax No.	, mandar, any, atato,	13f. E-Mail Ad	
13c. Tel No. SAME AS ABOVE		BOVE	SAME AS ABOVE	i i	SAME AS A	\$74 NOTE TO \$1
I declare that I have read the above petit	SAME AS A	statements are tre		ledge and helief	SAIVIE AS A	DO 4 E
	AL III	A are tre				
	enature	()	Title		Date	
Mayra Rivera-Cordero	Wille	<u></u>	Organizing Sec	cretary		
	AND THE OF		NAME OF THE AME	MARRICONINENT (II	C COOF TITL	E 49 SECTION 4004)

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

FORM NLRB-502 (RC) (4-15)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RCPETITION

DO NOT WRITE IN THIS SPACE				
12-RC-217988	`	0ste Filed 4/6/18	US.	

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITIONRC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) Involved (street and number, city, state, zip code) ANDY HAROLD & ASSOCIATES, LLC VP-30 BUILDING 512, NAVAL AIR STATION, JACKSONVILLE, FL 3a, Employer Representative - Name and Title 3b. Address (If same as 2b - state same) SHANNON MAILOUX 7595 BAYMEADOWS WAY, JACKSONVILLE, FL 32256 3d. Cell No. 3e. Fax No 3d. E-Mall Address HR@AHA-LLC.COM 904-337-1002 904-212-0993 4a. Type of Establishment (Factory, mine, wholesaler. etc.) 5a. City and State where unit is located: 4b. Principal product or service SUPPORTS SIMULATOR TRAINERS/BUILDS NAS - JACKSONVILLE, FL GOVERNMENT CONTRACTOR SCENARIOS FOR TRAINING 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: ALL FULL AND REGULAR PART TIME HOURLY EMPLOYEES TO INCLUDE COMPUTER BASED TRAINING SPECIALIST 6b. Do a substantial number (30% (15050) EDUCATIONAL TECHNOLOGIST (15060) GRAPHIC ARTIS (15080) PERFORMING WORK AT THE COMPANIES FACILITY or more) of the employees in the LOCATED ON THE NAVAL AIR STATION, JACKSONVILLE, FL. unit wish to be represented by the Petitioner? Yes 🐼 No 🗔 OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES, MANAGERIAL EMPLOYEES, GUARDS, AND SUPERVISORS, AS DEFINED IN THE ACT. Check One: 7a. Request for recognition as Bargaining Representative was made on Petition will serve as request for recognition and Employer declined recognition on or (date) (If no reply received, so state): 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) NONE N/A 8c. Tel. No. 8d, Cell No. 8f. E-Mail Address N/A N/A N/A N/A 8g. Affiliation, if any 8h. Date of Recognition or Certification 81. Expiration Date of Current or Most Recent Contract, if any (Month, Day. Year) N/A N/A 9. Is there now a strike or picketing at the Employers establishment(s) involved? If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) NONE 10a Name 10b. Address 10c. Tel. No. 10d. Cell No. N/A 10f. E-Mail Address N/A N/A N/A Fax No. N/A
Election Type:

Manual Mail N/A 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): VP 30 HANGER - NAS, JACKSONVILLE, FL 05/04/2018 7:00 AM - 8:00 AM 12 a. Full Name of Petitioner (Including local name and number) 12b. Address (street and number, city, state, and ZIP code, 690 E. LAMAR BLVD., SUITE 580, ARLINGTON, TX 76011 IAMAW, AFL-CIO 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS, AFL-CIO 12e. Cell No. 12g. E-Mail Address 12f Fax No 817-505-0100 817-459-0107 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) JAMES R. LITTLE - GRAND LODGE SPECIAL REPRESENTATIVE 690 E. LAMAR BLVD, SUITE 580, ARLINGTON, TX 76011 13d. Cell No. 13c. Tel. No 13e. Fax No. 13d. E-Mail Address 817-505-0100 JLITTLE@IAMAW.ORG 682-401-7835 817-459-0107 I declare that I have read the above Petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Tille DATE GRAND LODGE REPRESENTATIVE JAMES R. LITTLE 04/06/2018 WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PONISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

UNITED STATES GOVERNMENT

TIONAL	LABOR	RELAT	IONS	BOARD
RC	PE	TIT	10	N

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
12-RC-218548	April	17,	2018	

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 54 Calle Progreso, 5th FL STE 507, Corona Comercial Park, San Juan, 00909 City Communications, Corp. 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 54 Calle Progreso, 5th FL STE 507, Corona Comercial Park, San Juan, 0090 Rey Figueroa, President 3e. Fax No. 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. rfigueroa@citycommpr.com 787-760-6363 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Telephone, DSL, DTH, IPT installation and service Puerto Rico Telecommunications Contractor 5b. Description of Unit Involved 6a. No. of Employees in Unit: 40 Included: All telephone installers and technicians employed by the Employer thoughtout the Island of Puerto Rico 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the All other employees, guards and supervisors as defined by the Act. Petitioner? Yes ✓ No 7a. Request for recognition as Bargaining Representative was made on (Date) 04/16/2018 and Employer declined recognition on or about Check One: no reply rec_ (Date) (If no reply received, so state). Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8i. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification 8g. Affiliation, if any Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10c. Tel. No. 10d Cell No. 10a. Name 10b. Address 10e. Fax No. 10f. E-Mail Address None 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Mixed Manual/Mail Manual Mail 11a. Election Type: any such election. 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): As soon as practicable 8:00am - 11:00am Employer's facilities 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Communications Workers of America, Local 3010 (UTCPR) PO Box 366297, San Juan PR 00936-6297 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Communications Workers of America 12g. E-Mail Address 12e. Cell No. 12f. Fax No. 12d Tel No 787-724-7893 union@cwalocal3010.org 787-282-0714 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title Luis M. Benitez Burgos, Local President PO Box 366297, San Juan PR 00936-6297 13f. E-Mail Address 13d. Cell 12e. Bax No. 13c. Tel No union@cwalocal3010.org 787-282-0714 07 787 30 nents I declare that I have read the above pe to the best of my knowledge and belief. Title Date Name (Print) Lecal President 04/17/2018 Luis M. Benítez Burgos WILLFUL FALSE STATEMEN UNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Name (Print)

D. Marcus Braswell, Jr.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

Case No.			
12-RC-	21	99	58

DO NOT WRITE IN THIS SPACE Date Filed 5/9/18

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 501 NE 181st Street, North Miami Beach, FL 33162 Borden Dairy Company of Florida LLC 3b. Address (If same as 2b - state same) 3a. Employer Representative - Name and Title Unknown Same as Above 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 305-651-7123 unknown unknown unknown 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Distribution Center Dairy Products North Miami Beach, FL 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: Delivery Route Drivers 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the All other employees. Petitioner? Yes ✓ No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address None 8d Cell No. 8c. Tel No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10f. E-Mail Address n/a 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: ✓ Manual Mixed Manual/Mail Mail any such election. 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): 12:00 p.m. to 6:00 p.m. employer's premises (see 2b above) 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 12365 W. Dixie Hwy. North Miami, FL 33161 Teamsters Local Union No. 769 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters 12d. Tel No. 12g. E-Mail Address 12e. Cell No. 12f Fax No. 305-529-2801 305-447-8115 MBraswell@sugarmansusskind.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title D. Marcus Braswell, Jr., Atty 13b. Address (street and number, city, state, and ZIP code) 100 Miracle Mile, Suite 300, Coral Gables, FL 33134 13d, Cell No. 13e. Fax No. 13f. E-Mail Address 13c. Tel No. 305-529-2801 305-447-8115 MBraswell@sugarmansusskind.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Union Attorney WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Date

04/19/18

PRIVACY ACT STATEMENT

Title

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

	U
Case No.	
12-RC-220029	

O NOT WRITE IN THIS SPACE Date Filed 5/10/18

						NLRB office in the Region
in which the employer concerned in						
of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed						
				RB 4812). The st	nowing of inte	rest should only be filed
with the NLRB and should not be s				of amalouses wish to	be represented	for purposes of collective
bargaining by Petitioner and Petitioner de	esires to be certifi	ied as representativ	e of the employees. The	Petitioner alleges th	at the following	circumstances exist and
requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.						
2a. Name of Employer2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)Communications Concepts Inc.7980 N. Atlantic Ave., Suite 101, Cape Canaveral, Florida 32920						
3a. Employer Representative – Name and	Title	17000	3b. Address (If same as		Odriavciai,	1 101104 32320
Bill Allen, Business Manager			Same			
3c, Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Addr	ess
321-783-5232	407-456-31		321-799-1016		billallen@al	
4a. Type of Establishment (Factory, mine, w		4b. Principal prod				nd State where unit is located:
NASA Contractor, Kennedy Spa	ace Center	Government	Service Contract		Kennec	ly Space Center, Florida
5b. Description of Unit Involved Included: All full-time and part-ti	me Multime	dia Senior Pro	nducers and Multin	nedia Senior F	ngineers	6a. No. of Employees in Unit:
included: All fall time and pare to	THE MARKETIC	dia comor i i	oddoord aria maitir	nodia como: E	inginioono	6b. Do a substantial number (30%
Excluded: All employees currently represented				ards, confidential secreta	ries and all	or more) of the employees in the
managers and other supervisors as	defined in the Labor	Management Relation	ns Act, as amended.			unit wish to be represented by the Petitioner? Yes No
Check One: 7a. Request for re	cognition as Baro	aining Representa	tive was made on (Date)	April 18 2Can	d Employer decli	ned recognition on or about
		(If no reply received			,,	
7b. Petitioner is cu	rrently recognize	d as Bargaining Re	epresentative and desires	certification under the	Act.	
8a. Name of Recognized or Certified Barg None	jaining Agent (#	none, so state).	8b. Address			
8c. Tel No.	8d Cell No.	· · · · · · · · · · · · · · · · · · ·	8e. Fax No.		8f. E-Mail Addre	ess
8g. Affiliation, if any		8h. Date of Recognition or Certification		8i. Expiration Date of Current or Most Recent		
			on. Date of Recognition of	Cermication		
			on, pare or Recognition of	Cerimication		(Month, Day, Year)
9. Is there now a strike or picketing at the Er	nployer's establis			imately how many en	Contract, if any	(Month, Day, Year)
9. Is there now a strike or picketing at the Er (Name of labor organization)	nployer's establis	shment(s) involved?	? nolf so, approx	imately how many en	Contract, if any	(Month, Day, Year)
(Name of labor organization)		shment(s) involved	? <u>no</u> If so, approx eted the Employer since (I	imately how many en Month, Day, Year)	Contract, if any	(Month, Day, Year) ticipating?
	Petitioner and tho	shment(s) involved?, has pick	Pno If so, approx eted the Employer since (i 8 and 9, which have claim	imately how many en Month, Day, Year) ed recognition as rep	Contract, if any	(Month, Day, Year) ticipating?
(Name of labor organization) 10. Organizations or individuals other than F known to have a representative interest in a	Petitioner and tho ny employees in	shment(s) involved , has pick se named in items the unit described in	Pno If so, approx eted the Employer since (i 8 and 9, which have claim	imately how many en Month, Day, Year) ed recognition as rep. so state)	Contract, if any	(Month, Day, Year) ticipating? other organizations and individuals
(Name of labor organization) 10. Organizations or individuals other than F known to have a representative interest in a	Petitioner and tho ny employees in 10b. Add	shment(s) involved , has pick se named in items the unit described in	Pno If so, approx eted the Employer since (i 8 and 9, which have claim	imately how many en Month, Day, Year) ed recognition as rep	Contract, if any	(Month, Day, Year) ticipating?
(Name of labor organization) 10. Organizations or individuals other than F known to have a representative interest in a	Petitioner and tho ny employees in 10b. Add	shment(s) involved , has pick se named in items the unit described in dress	Pno If so, approx eted the Employer since (i 8 and 9, which have claim	imately how many en Month, Day, Year) ed recognition as rep so state) 10c. Tel. No. 321-459-1400 10e. Fax No.	Contract, if any	(Month, Day, Year) ticipating? other organizations and individuals 10d, Cell No. 321-759-0754 10f. E-Mail Address
(Name of labor organization) 10. Organizations or individuals other than Ficknown to have a representative interest in an IDA. Name IBEW Local 208	Petitioner and tho ny employees in 10b. Add	shment(s) involved?, has pick se named in items the unit described in dress burtenay Parkway, Sul	PnoIf so, approx eted the Employer since (I 8 and 9, which have claim n item 5b above. (If none,	imately how many en Month, Day, Year) ed recognition as rep so state) 10c. Tel. No. 321-459-1400 10e. Fax No. 321-459-1190	Contract, if any nployees are par resentatives and	(Month, Day, Year) dicipating? other organizations and individuals 10d. Cell No. 321-759-0754 10f. E-Mail Address spbeal2088@aol.com
(Name of labor organization) 10. Organizations or individuals other than Fixnown to have a representative interest in an IDa. Name IBEW Local 208 11. Election Details: If the NLRB conducts	Petitioner and tho ny employees in 10b. Add	shment(s) involved?, has pick se named in items the unit described in dress burtenay Parkway, Sul	PnoIf so, approx eted the Employer since (I 8 and 9, which have claim n item 5b above. (If none,	imately how many en Month, Day, Year) ed recognition as rep so state) 10c. Tel. No. 321-459-1400 10e. Fax No.	Contract, if any nployees are par resentatives and	(Month, Day, Year) ticipating? other organizations and individuals 10d, Cell No. 321-759-0754 10f. E-Mail Address
(Name of labor organization) 10. Organizations or individuals other than Fixnown to have a representative interest in an 10a. Name IBEW Local 208 11. Election Details: If the NLRB conducts any such election. 11b. Election Date(s):	Petitioner and tho ny employees in 10b. Adi 2395 N. Co an election in thi	shment(s) involved in the unit described in	PnoIf so, approx eted the Employer since (I 8 and 9, which have claim n item 5b above. (If none,	imately how many en Month, Day, Year) ed recognition as rep. so state) 10c. Tel. No. 321-459-1400 10e. Fax No. 321-459-1190 11a. Election Type:	Contract, if any nployees are par resentatives and Manual ion(s):	(Month, Day, Year) dicipating? other organizations and individuals 10d. Cell No. 321-759-0754 10f. E-Mail Address spbeal2088@aol.com Mail Mixed Manual/Mail
(Name of labor organization) 10. Organizations or individuals other than F known to have a representative interest in al 10a. Name IBEW Local 208 11. Election Details: If the NLRB conducts any such election. 11b. Election Date(s): May 31, 2018	Petitioner and tho ny employees in 1 10b. Adi 2395 N. Co an election in thi 11c. El 9:00 ar	shment(s) involved in the unit described in	PnoIf so, approx eted the Employer since (I 8 and 9, which have claim n item 5b above. (If none,	imately how many en Month, Day, Year) ed recognition as rep. so state) 10c. Tel. No. 321-459-1400 10e. Fax No. 321-459-1190 11a. Election Type: 11d. Election Local Work location, Ke	Contract, if any nployees are par resentatives and Manual ion(s):	(Month, Day, Year) dicipating? other organizations and individuals 10d. Cell No. 321-759-0754 10f. E-Mail Address spbeal2088@aol.com Mail Mixed Manual/Mail Center
(Name of labor organization) 10. Organizations or individuals other than Fixnown to have a representative interest in al 10a. Name IBEW Local 208 11. Election Details: If the NLRB conducts any such election. 1ab. Election Date(s): May 31, 2018 12a. Full Name of Petitioner (Including to	Petitioner and tho ny employees in 1 10b. Add 2395 N. Co an election in thi 11c. El 9:00 ar cal name and no	shment(s) involved?, has pick. se named in items the unit described in dress burtenay Parkway, Sults matter, state your ection Time(s): n umber)	PnoIf so, approxeted the Employer since (// 8 and 9, which have claims item 5b above. (/// none, te 103, Merritt Island, Florida	imately how many en Month, Day, Year) ed recognition as rep so state) 10c. Tel. No. 321-459-1400 10e. Fax No. 321-459-1190 11a. Election Type: 11d. Election Local Work location, Ke 12b. Address (street	contract, if any nployees are par resentatives and municion(s): nnedy Space (et and number, c	(Month, Day, Year) Iticipating? other organizations and individuals 10d. Cell No. 321-759-0754 10f. E-Mail Address spbeal2088@aol.com Mail Mixed Manual/Mail Center ity, state, and ZIP code)
(Name of labor organization) 10. Organizations or individuals other than Fixnown to have a representative interest in an 10a. Name IBEW Local 208 11. Election Details: If the NLRB conducts any such election. 11b. Election Date(s): May 31, 2018 12a. Full Name of Petitioner (Including IoLocal Union No. 780, Motion Picture and Video Laborator International Iail International International Iail International Interna	10b. Add 2395 N. Co. an election in this 9:00 arrange and nuratory Technicians, bor organization	shment(s) involved? , has pick se named in items the unit described in dress burtenay Parkway, Sults s matter, state your ection Time(s): n imber) Allied Crafts and Govi	If so, approxeted the Employer since (#8 and 9, which have claims item 5b above. (#1 none, te 103, Merritt Island, Florida reposition with respect to Employees, IATSE	imately how many en Month, Day, Year) ed recognition as rep so state) 10c. Tel. No. 321-459-1400 10e. Fax No. 321-459-1190 11a. Election Type: 11d. Election Local Work location, Ke 12b. Address (stree; 3585 N. Courtena	contract, if any nployees are par resentatives and municion(s): nnedy Space (et and number, c	(Month, Day, Year) dicipating? other organizations and individuals 10d. Cell No. 321-759-0754 10f. E-Mail Address spbeal2088@aol.com Mail Mixed Manual/Mail Center
(Name of labor organization) 10. Organizations or individuals other than Fichnown to have a representative interest in al 10a. Name IBEW Local 208 11. Election Details: If the NLRB conducts any such election. 11b. Election Date(s): May 31, 2018 12a. Full Name of Petitioner (Including IoLocal Union No. 780, Molion Picture and Video Laborator Including IoLocal Union No. 780, Molion Picture and Video Laborator Including IoLocal Union No. 780, Molion Picture and Video Laborator Including IoLocal Union No. 780, Molion Picture and Video Laborator Including IoLocal Union No. 780, Molion Picture and Video Laborator Including IoLocal Union No. 780, Molion Picture and Video Laborator Including IoLocal Union No. 780, Molion Picture and Video Laborator Including IoLocal Union No. 780, Molion Picture and Video Laborator Including IoLocal Union No. 780, Molion Picture and Video Laborator Including IoLocal Union No. 780, Molion Picture and Video Laborator Including IoLocal Union No. 780, Molion Picture and Video Laborator Including IoLocal Union No. 780, Molion Picture and Video Laborator Including IoLocal Union No. 780, Molion Picture and Video Laborator Including IoLocal Union No. 780, Molion Picture and Video Laborator Including IoLocal Union No. 780, Molion Picture and Video Laborator Including IoLocal Union No. 780, Molion Picture and Video Laborator Including IoLocal Union No. 780, Molion Picture and Video Laborator Including IoLocal Union No. 780, Molion Picture and Video Laborator Including IoLocal Union No. 780, Molion Picture and Video Laborator Including IoLocal Union No. 780, Molion Picture and Video Laborator Including IoLocal Union No. 780, Molion Picture and Video Laborator Including IoLocal Union No. 780, Molion Picture IoLocal Union No. 780, Mo	10b. Add an election in this process of a car name and nuratory Technicians, bor organization of Employees	shment(s) involved? , has pick se named in items the unit described in dress burtenay Parkway, Sults s matter, state your ection Time(s): n imber) Allied Crafts and Govi	Pno If so, approx eted the Employer since (// 8 and 9, which have claim in item 5b above. (// none, te 103, Merritt Island, Florida r position with respect to Employees, IATSE is an affiliate or constituen	imately how many en Month, Day, Year) ed recognition as rep so state) 10c. Tel. No. 321-459-1400 10e. Fax No. 321-459-1190 11a. Election Type: 11d. Election Local Work location, Ke 12b. Address (stree; 3585 N. Courtena	contract, if any nployees are par resentatives and municion(s): nnedy Space (at and number, cy Pkwy, Suite	(Month, Day, Year) Ilicipating? other organizations and individuals 10d. Cell No. 321-759-0754 10f. E-Mail Address spbeal2088@aol.com Mail Mixed Manual/Mail Center ily, state, and ZIP code) 4, Merritt Island, Florida32953
(Name of labor organization) 10. Organizations or individuals other than Fixnown to have a representative interest in al 10a. Name IBEW Local 208 11. Election Details: If the NLRB conducts any such election. 11b. Election Date(s): May 31, 2018 12a. Full Name of Petitioner (Including IoLocal Union No. 780, Molion Picture and Video Laboraton International Alliance of Theatrical Staging 12d. Tel No.	10b. Add 2395 N. Co an election in this 9:00 ar cal name and nuratory Technicians, bor organization e Employees 12e. Cell No.	shment(s) involved? , has pick se named in items the unit described in dress burtenay Parkway, Sults s matter, state your ection Time(s): n imber) Allied Crafts and Govi	If so, approxeted the Employer since (I 8 and 9, which have claim in item 5b above. (If none, te 103, Merritt Island, Florida r position with respect to Employees, IATSE is an affiliate or constituen	imately how many en Month, Day, Year)	Contract, if any nployees are par resentatives and with manual ion(s): nnedy Space (at and number, c y Pkwy, Suite	(Month, Day, Year) licipating? other organizations and individuals 10d, Cell No. 321-759-0754 10f. E-Mail Address spbeal2088@aol.com Mail Mixed Manual/Mail Center ity, state, and ZIP code) 4, Merritt Island, Florida32953
(Name of labor organization) 10. Organizations or individuals other than F known to have a representative interest in al 10a. Name IBEW Local 208 11. Election Details: If the NLRB conducts any such election. 11b. Election Date(s): May 31, 2018 12a. Full Name of Petitioner (Including Io Local Union No. 780, Molion Picture and Video Labo 12c. Full name of national or international Alliance of Theatrical Stag 12d. Tel No. 321-543-1018	10b. Adi 2395 N. Co an election in thi 11c. El 9:00 ar ratory Technicians, bor organization e Employees 12e. Cell No. 312-550-8938	shment(s) involved in the shape of the unit described in the shape of the unit described in the unit described	If so, approxeted the Employer since (I 8 and 9, which have claim in item 5b above. (If none, te 103, Merritt Island, Florida r position with respect to Employees, IATSE is an affiliate or constituen 12f. Fax No. 321-453-1178	imately how many en Month, Day, Year)	Contract, if any nployees are par resentatives and resentatives and formal lion(s): nnedy Space (at and number, cy Pkwy, Suite 12g. E-Mail Adjerry@iatse78	(Month, Day, Year) licipating? other organizations and individuals 10d, Cell No. 321-759-0754 10f. E-Mail Address spbeal2088@aol.com Mail Mixed Manual/Mail Center ity, state, and ZIP code) 4, Merritt Island, Florida32953
(Name of labor organization) 10. Organizations or individuals other than Fixnown to have a representative interest in al 10a. Name IBEW Local 208 11. Election Details: If the NLRB conducts any such election. 11b. Election Date(s): May 31, 2018 12a. Full Name of Petitioner (Including IoLocal Union No. 780, Molion Picture and Video Laboraton International Alliance of Theatrical Staging 12d. Tel No.	10b. Add 10b. Add 10b. Add 2395 N. Co an election in thi 11c. El 9:00 ar cal name and nu ratory Technicians, bor organization of Employees 12e. Cell No. 312-550-8938 will accept servi	shment(s) involved? , has picked in items the unit described in items the unit described in items the unit described in items. Source of all papers for the short of the control of the c	If so, approxeted the Employer since (I 8 and 9, which have claim in item 5b above. (If none, te 103, Merritt Island, Florida r position with respect to Employees, IATSE is an affiliate or constituen 12f. Fax No. 321-453-1178 or purposes of the representation of the series of the series and the series of the series and the series of the	imately how many en Month, Day, Year) ed recognition as rep so state) 10c. Tel. No. 321-459-1400 10e. Fax No. 321-459-1190 11a. Election Type: 11d. Election Local Work location, Ke 12b. Address (stree; 3585 N. Courtena t (if none, so state) entation proceeding d number, city, state,	Contract, if any nployees are par resentatives and resentatives and formula for the following space (contract) property of the following space (contract)	(Month, Day, Year) licipating? other organizations and individuals 10d, Cell No. 321-759-0754 10f. E-Mail Address spbeal2088@aol.com Mail Mixed Manual/Mail Center ity, state, and ZIP code) 4, Merritt Island, Florida32953
(Name of labor organization) 10. Organizations or individuals other than Fiknown to have a representative interest in al 10a. Name IBEW Local 208 11. Election Details: If the NLRB conducts any such election. 11b. Election Date(s): May 31, 2018 12a. Full Name of Petitioner (Including IoLocal Union No. 780, Motion Picture and Video Laborator International Alliance of Theatrical Staging 12d. Tel No. 321-543-1018 13. Representative of the Petitioner who is the service of the Petitioner who is the presentative of the Petitioner who is the presentat	10b. Add 10b. Add 10b. Add 2395 N. Co an election in thi 11c. El 9:00 ar cal name and nu ratory Technicians, bor organization of Employees 12e. Cell No. 312-550-8938 will accept servi	shment(s) involved? , has picked in items the unit described in items the unit described in items the unit described in items. Source of all papers for the short of the control of the c	If so, approxeted the Employer since (I 8 and 9, which have claim in item 5b above. (If none, te 103, Merritt Island, Florida r position with respect to Employees, IATSE is an affiliate or constituen 12f. Fax No. 321-453-1178 or purposes of the representation of the services of the representation of the services and services of the representation of the services of the representation of the services of the serv	imately how many en Month, Day, Year) ed recognition as representation as representation as representation as representation proceeding drumber, city, state, 0, Chicago, IL 60602	Contract, if any nployees are par resentatives and resentatives and ion(s): nnedy Space (at and number, cy Pkwy, Suite 12g. E-Mail Adjerry@iatse78(g) and ZIP code)	(Month, Day, Year) dicipating? other organizations and individuals 10d, Cell No. 321-759-0754 10f. E-Mail Address spbeal2088@aol.com Mail Mixed Manual/Mail Center iiy, state, and ZIP code) 4, Merritt Island, Florida32953 dress 0.com
(Name of labor organization) 10. Organizations or individuals other than F known to have a representative interest in al 10a. Name IBEW Local 208 11. Election Details: If the NLRB conducts any such election. 11b. Election Date(s): May 31, 2018 12a. Full Name of Petitioner (Including Iolocal Union No. 780, Molion Picture and Video Labor 12c. Full name of national or international Alliance of Theatrical Staging 12d. Tel No. 321-543-1018 13. Representative of the Petitioner who will also name and Title Paul T. Ber 13c. Tel No. 312-419-0001	Petitioner and tho ny employees in 1 10b. Adi 2395 N. Co an election in thi 11c. El 9:00 ar ratory Technicians, bor organization e Employees 12e. Cell No. 312-550-8938 will accept servi 13d. Cell No. 312-925-8420	shment(s) involved in the shape of all papers for the control of t	eted the Employer since (I 8 and 9, which have claim in item 5b above. (If none, te 103, Merritt Island, Florida r position with respect to Employees, IATSE is an affiliate or constituen 12f. Fax No. 321-453-1178 r purposes of the repres 13b. Address (street and 123 West Madison, Suite 60 13e. Fax No. 312-419-0002	imately how many en Month, Day, Year) ed recognition as representation as representation as representation as representation proceeding drumber, city, state, 0, Chicago, IL 60602	Contract, if any nployees are par resentatives and resentatives and sion(s): nnedy Space (at and number, cy Pkwy, Suite 12g. E-Mail Adjerry@iatse78(g).	(Month, Day, Year) dicipating? other organizations and individuals 10d, Cell No. 321-759-0754 10f. E-Mail Address spbeal2088@aol.com Mail Mixed Manual/Mail Center iiy, state, and ZIP code) 4, Merritt Island, Florida32953 dress 0.com
(Name of labor organization) 10. Organizations or individuals other than F known to have a representative interest in an 10a. Name IBEW Local 208 11. Election Details: If the NLRB conducts any such election. 11b. Election Date(s): May 31, 2018 12a. Full Name of Petitioner (Including Io Local Union No. 780, Molion Picture and Video Labor 12c. Full name of national or international Alliance of Theatrical Stagn 12d. Tel No. 321-543-1018 13. Representative of the Petitioner who is 13a. Name and Title Paul T. Ber 13c. Tel No. 312-419-0001 I declare that I have read the above petitical international Ideal and Ideal and Ideal Id	Petitioner and tho ny employees in 1 10b. Adi 2395 N. Co an election in thi 11c. El 9:00 ar ratory Technicians, bor organization e Employees 12e. Cell No. 312-550-8938 will accept servi 13d. Cell No. 312-925-8420	shment(s) involved in the shape of all papers for the control of t	eted the Employer since (I 8 and 9, which have claim in item 5b above. (If none, te 103, Merritt Island, Florida r position with respect to Employees, IATSE is an affiliate or constituen 12f. Fax No. 321-453-1178 r purposes of the repres 13b. Address (street and 123 West Madison, Suite 60 13e. Fax No. 312-419-0002	imately how many en Month, Day, Year) ed recognition as representation as representation as representation as representation proceeding drumber, city, state, 0, Chicago, IL 60602	Contract, if any nployees are par resentatives and resentatives and ion(s): nnedy Space (at and number, cy Pkwy, Suite 12g. E-Mail Adjerry@iatse78(g). and ZIP code)	(Month, Day, Year) dicipating? other organizations and individuals 10d, Cell No. 321-759-0754 10f. E-Mail Address spbeal2088@aol.com Mail Mixed Manual/Mail Center iiy, state, and ZIP code) 4, Merritt Island, Florida32953 dress 0.com

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

DO NOT WRITE IN THIS SPACE					
Case No. 12-RC-220133	Date Filed 5/14/2018				

			_						664 4 41 FD 7
INSTRUCTIONS: Unless e-Filed us	ng the Agen	cy's websit	te, <u>ww</u>	<u>rw.nirb.gov</u> , submit ar	n original of thi	s Petil	tion to an	NLRB 01 6h helov	mce in the Region
in which the employer concerned i	s located. T.	he petition i	must	be accompanied by D	om a snowing	or mu	(2) Staton	op belov ont of P	oeition form
of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed									
(Form NLRB-505); and (3) Descript	ion of Kepre	sentation C	ase r	rocedures (roilli NLr	CD 4012). The s	ITO WIL	ig or inter	GGE SHOL	and only be med
with the NLRB and should not be s	TICK TION (TE DEDDESE	NTATIS	JE - Δ substantial number (of employees wish	to be no	presented for	or purpose	s of collective
Purpose of This Petitions: RC-cell bargaining by Petitioner and Petitioner do requests that the National Labor Relational	prince to be car	ified as renres	entativ	e of the employees. The F	Petitioner alleges t	that the	tollowing	;ircumsta	nces exist and
2a. Name of Employer	iona Board pri	oceed under i	2b. Ad	dress(es) of Establishment	(s) involved (Street	and nu	mber, city, S	tate, ZIP	code)
Florida Mentor		1	1285	Flamingo Drive, Lant	ana, Florida 33	1462	886		9 9
3a. Employer Representative - Name and	Title			3b. Address (If same as	2b – state same)		50.00	STORMAL .	2
Kristina Stanley, HR Generalist			-00	Same					
3c. Tel. No.	3d. Cell No.			3e. Fax No.			-Mail Addres		nentornetwork.com
561-533-0555						Krisi			here unit is located:
4a. Type of Establishment (Factory, mine, w	rholeszler, etc.)	4b. Princip Healthca	000000000000000000000000000000000000000	duct or service			Lantana,		iere unit is located.
Group Home		пеанна	are _			- 00			Employees in Unit:
5b. Description of Unit Involved		I /D	001					5	
Included: All Direct Support	Professi	onals (D	SP)						ubstantial number (30%
Excluded:									f the employees in the be represented by the
All other job descri	ptions.								Yes / No
Check One: 7a. Request for re	cognition as Ba	rasining Repr	esenta	tive was made on (Date)	&	ind Em	oloyer declin	ed recogn	ition on or about
	(Date	(If no reply n	eceive	d, so state).					
7b. Petitioner is c	urrently recogni	zed as Bargair	ning Re	epresentative and desires of	ertification under the	ne Act.			
8a. Name of Recognized or Certified Bar	gaining Agent	(If none, so s	tate).	8b. Address					200
8c, Tel No. 8d Cell No. 8e, Fax No.			8e. Fax No.	8f. E-Mail Address				**	
8g. Affiliation, if any	-			8h. Date of Recognition or	8h. Date of Recognition or Certification 8i. Expiration Date of Current				
			ľ			Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the E	malaver's estat	liehmont(s) in	unived	? If so approxi	imately how many	volame	ees are parti	cipating?	- 1
(Name of labor organization)									
10. Organizations or individuals other than	Petitioner and t	hose named in	items	8 and 9, which have claims	ed recognition as re	presen	tatives and	other orga	nizations and individuals
known to have a representative interest in a	any employees	in the unit des	cribed i	in item 5b above. (If none,	so state)				
10a, Name	10b. /	Address	-		10c. Tel. No.			10d. Cell	No.
					10e. Fax No.			10f. E-Mail Address	
					Tue. Fax No.				
 Election Details: If the NLRB conduct any such election. 	s an election in	this matter, sta	ate you	r position with respect to	11a, Election Typ	e:	Manual	Mei1 _	Mixed Manual/Mail
11b. Election Date(s):		Election Time		-00n m to 4:00 n m	11d. Election Loc Main site	cation(s):		
June 7, 8 or 14 12a. Full Name of Petitioner (Including In	10,300,00		a.m., 2	:00p.m. to 4:00 p.m.	n. to 4:00 p.m. Main site 12b. Address (street and number, city, state, and ZIP code)			nd ZIP code)	
1199SEIU, United Healthcare Workers E	ast		A141	7	2881 Corporate 1	Way, N	liramar, Flo	ida 3302	5
12c, Full name of national or international le Service Employees International Union		24	illioner		t (ii rione, so state)		= 14 11 4 1		
12d. Tel No. 305-623-3000	12e. Cell No			12f. Fax No. 305-826-1604			. E-Mail Add	iress	
13. Representative of the Petitioner who	will accept se	rvice of all pa	pers f	or purposes of the repres	entation proceed	ng.			
13a. Name and Title Kathleen M. Phili	ips, Esquire,	Union Attor	rney	13b. Address (street and 9360 SW 72 Street, Suite 28			ZIP code)		
13c. Tel No. 305-412-8322	13d. Cell No	•00		13e. Fax No. 305-412-8299			E-Mail Add		com
I declare that I have read the above peti	don and that the	e statements	are tr		vledge and belief.	- 1	, 0,		
	igneture //	1		Title			Date	V.a.	
Kathleen M. Phillips	1 aux	11		Union Attorney		- 1	May 14, 201	8	CONTRACTOR AND AND

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
12-RC-220583	May 21 2018				

RC P	ETITION			12-RC-22	20583	Ma	y 21, 2018
INSTRUCTIONS: Unless e-Filed	using the Agency	y's website, w	ww.nlrb.	gov, submit a	n original of this		
in which the employer concerne	ed is located. The	petition must	be acco	mpanied by b	ooth a showing o	f interest (se	ee 6b below) and a certificate
of service showing service on t	he employer and a	all other partie	s nameo	I in the petition	on of: (1) the petit	tion; (2) Stat	ement of Position form
(Form NLRB-505); and (3) Desc.	ription of Represe	entation Case F	Procedui	res (Form NLI	RB 4812). The st	nowing of in	terest should only be filed
with the NLRB and should not be						377	(5)
PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petition	er desires to be certifie	ed as representativ	ve of the e	mployees. The I	Petitioner alleges th	at the followin	g circumstances exist and
requests that the National Labor R 2a. Name of Employer	elations Board proce				(s) involved (Street a		
Cooperativa de Ahorro y Cré 3a, Employer Representative – Name			Degetau	ı, Aibonito, I	Puerto Rico 00		
Ricky Berrios Figueroa-Exce		t		as above	20 - State Sattle)		
3c. Tel. No. 787-735-6661	3d. Cell No.		3e. Fax 787-73	No. 35-6661		3f. E-Mail Add Isolivan@coopsa	fress njose.com/coopsanj@coopsanjose.com
4a. Type of Establishment (Factory, mir	e, wholesaler, etc.)	4b. Principal pro	JE2000100 - 101-00		· · · · · · · · · · · · · · · · · ·	5a. City	and State where unit is located:
Credit Union and related Ser	vices	Savings and	Credit	\$ 5500 4500 FDD	297178	Aiboni	to, PR
5b. Description of Unit Involved Included: clerk, receptionists, s	ecretaries, cashie	ers, service pa	rtners, d	collection offic	cers, loan officer	s, account	6a. No. of Employees in Unit: 43
receivable officers, c	ollectors officers,	maintenance	employe	es, all other	employees.		6b. Do a substantial number (30% or more) of the employees in the
Excluded: supervisors, manage	gers, confidentia	al employees	s, secur	ity guards, a	all other employ	yees	unit wish to be represented by the Petitioner? Yes V No
Check One: 7a. Request for	or recognition as Barga	aining Representa	tive was m	nade on (Date) _	an	d Employer ded	clined recognition on or about
7h Retitioner	(Date) (is currently recognized	If no reply received		5.	contification under the	Act	
8a. Name of Recognized or Certified			epresentat	8b. Address	certification dider the	Act.	
				6			
8c. Tel No.	8d Cell No.		8e. Fax	No.		8f. E-Mail Add	dress
8g. Affiliation, if any			8h. Date	of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the	e Employer's establish	hment(s) involved	? NO	If so, approx	imately how many en	nployees are pa	articipating?
(Name of labor organization)							
Organizations or individuals other the known to have a representative interest						resentatives an	d other organizations and individuals
10a. Name	10b. Add	dress			10c. Tel. No.		10d. Cell No.
					10e. Fax No.		10f. E-Mail Address
 Election Details: If the NLRB cond any such election. 	ucts an election in this	s matter, state you	r position	with respect to	11a. Election Type:	Manual [Mail Mixed Manual/Mail
11b. Election Date(s): 8, june 2018		ection Time(s): n12:00pm.		11d. Election Location(s): Aibonito and Cayey			
12a. Full Name of Petitioner (includin Federación de Trabajadores de)				city, state, and ZIP code) evo, San Juan, PR 00902
12c. Full name of national or internation Central Puertorriqueña de Trabajad		of which Petitioner	is an affilia	ate or constituen	t (if none, so state)		
12d. Tel No. 787-781-6649	12e. Cell No. 787-616-8493		12f. Fax 787-277			12g. E-Mail A centralpuerto	ddress rico@gmail.com
13. Representative of the Petitioner v		ce of all papers fo					
13a. Name and Title			13b. Ad	dress (street and	d number, city, state,	and ZIP code)	
13c. Tel No.	13d. Cell No.		13e. Fa	x No.	3,00	13f. E-Mail Ad	ddress
I declare that I have read the above p	etition and that the s	tatements are tru	ue to the b	est of my know	ledge and belief.	and the state of	500 000 000 000 000 000 000 000 000 000
Name (Print) Victor M. Villalba	Signature	<u> </u>	Title Preside	nt		Date may, 21 2	2018
VICTOR IVI. VINAIDA	41						E 18 SECTION 1001)

PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRIT	E IN THIS SPA	CE	77	
Саве No. 12-RC-220641	Date Fled MAY	22,	2018	

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of Interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for pulposes of collective—bargaining by Patitioner and Patitioner desires to be certified as representative of the employees. The Patitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Fresenius Kidney Care Naranjito carr. 164 km 7.1 Naranjito, P.R. 00719 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Luis Acevedo Lopez carr. 164 km 7.1 Naranjito, P.R. 00719 3c. Tel. No. 3f. E-Mall Address 3d, Cell No. (787) 227-4604 luis.acevedo@fmc.com (787) 869-0622 4a. Type of Establishment (Factory, mine, wholeseler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Health care facility/Kidney care facility Hemodialisis facility Naranjito, P.R. 5b. Description of Unit Involved 6a. No. of Employees in Unit: 13 Included: All Registered nurses at Naranjito facilities 6b. Do a substantial number (30% or more) of the employees in the Excluded: All other employees, administrative employees, guards unit wish to be represented by the Petitioner? Yes 7 No Check One: Request for recognition as Bargaining Representative was made on (Date) May 22 201 and Employer declined recognition on or about May 22,2018 (Date) (If no reply received, so state). No response, 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act Ba. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8d Cell No. 8c. Tel No. Be Fax No. Rf. E-Mail Address Bq. Affiliation, if any 8h. Date of Recognition or Certification Expiration Date of Current or Most Recent Contract if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 55 above. (If none, so state) 10a, Name 10b. Address 10c. Tel. No. 10d. Cell No. 10f. E-Mall Address 10a. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Mixed Manual/Mall 11a. Election Type: / Manual Mall _ any auch election 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 12:30pm-2:30pm Naranjito facility 12s. Full Name of Patitioner (Including local name and number) 12b. Address (street and number, city, state, and ZIP code) Unidad Laboral de Enfermeras (os) y Empleados de la Salud Calle Hector Salaman #354 Urb Ext Rocsevell, San Juan P.R. 00918 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) N/A 12f. Fax No. 12g, E-Mail Address 126. Tel No. 12e. Cell No. (787) 432-1935 (787)763-8310 contacto@unidadlaboral.com (787) 763-8380 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13a. Name and Title Ariel A. Echevarria Martinez 13b. Address (street and number, city, state, and ZIP code) Colle Hactor Salaman #354 Urb Ext Roosevalt, San Juan P.R. 00918 13f. E-Mall Address 13c. Tel No. 13d, Čeli No. 13s. Fax No. (787) 763-8380 contacto@unidadlaboral.com (787) 763-8310 I deciare that I have reed the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) May 22,2018 Union Representative Arlel A. Echevarria Martinez

WILLFUL FALSE STATEMENTS ON THIS PETTION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRI	TE IN THIS SPACE	
Case No. 12-RC-220670	Date Filed MAY 22, 2018	

RC PETITION

INSTRUCTIONS: Unless e-Filed	using the Agenc	y's website, ww	vw.nlrb.gov, submit a	n original of this P	etition to a	n NLRB office in the Region		
in which the employer concerns								
of service showing service on to								
(Form NLRB-505); and (3) Desci								
with the NLRB and should not b				(D 4012). The one	ming or mice	rest should only be med		
1. PURPOSE OF THIS PETITION: RC	CERTIFICATION OF	REPRESENTATI	VF - A substantial number	of employees wish to h	e represented	for purposes of collective		
bargaining by Petitioner and Petitione								
requests that the National Labor R	elations Board proc							
2a. Name of Employer			dress(es) of Establishment or 164 km. 7.1	(s) involved (Street and	I number, city,	State, ZIP code)		
Fresenius Kidney Care Naranjito		PE	Naranjito 00719-	90				
3a. Employer Representative - Name	and Title		3b. Address (If same as			7		
Luis Acevedo			Carr 164 km. 7:1 PR Naranjito 0071					
3c. Tel. No.	3d. Cell No.		3e. Fax No.		f. E-Mail Addr	NATIONAL CONTRACTOR OF THE PARTY OF THE PART		
(787) 869-0622	1		(787) 227-4604	11	uis.acevedo@fm			
4a. Type of Establishment (Factory, mir.	e, wholesaler, etc.)	4b. Principal prod			5a. City a	and State where unit is located:		
Healthcare Facilities			Hemodialisis facilit	у		Naranjito, PR		
5b. Description of Unit Involved						6a. No. of Employees in Unit:		
Included: See Attached Page 2 for ad	ditional details					2		
						6b. Do a substantial number (30% or more) of the employees in the		
Excluded: See Attached Page 2 for ad-	ditional details				1	unit wish to be represented by the		
W1800						Petitioner? Yes [] No []		
Check One: 7a. Request for	or recognition as Barg	aining Representat	tive was made on (Date) 0	5/22/2018 and l	mployer decl	ined recognition on or about		
	(Date)	(If no reply received	d, so state). No reply recei	ved				
7b. Petitioner	is currently recognize	d as Bargaining Re	epresentative and desires of	certification under the A	ct.	,		
8a. Name of Recognized or Certified	Bargaining Agent (II	none, so state).	8b. Address		2100-021115-5117			
8c. Tel No.	8d Cell No.		8e. Fax No.	8	f. E-Mail Addr	ess		
8g. Affiliation, if any	<u> </u>		Ph. Data of Bassanition as Contification		i Evoiration Γ	Date of Current or Most Recent		
og. Armiation, it any			마리 하게 하게 되면 있습니다. 이번 사람들이 되면 바로 보고 있는데 하게 되었다면 하게 되었다면 하게 되었습니다. [1] [1] 유지를 다 하게 되었다면 하게 되었습니다. [1] [1] 유지를 다 하게 되었습니다.			(Month, Day, Year)		
9. Is there now a strike or picketing at th	ne Employer's establis	shment(s) involved	? If so, approx	imately how many emp	oyees are par	ticipating?		
			eted the Employer since (//					
					12 15 151			
 Organizations or individuals other the known to have a representative interest 					sentatives and	other organizations and individuals		
known to have a representative interest	in any employees in	the and accepted to	it item ob above. (ii none,	30 State)				
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.		
				0				
	1			10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the NLRB cond	lucts an election in thi	is matter, state you	r position with respect to	11a. Election Type: [🖊 Manual 📗	Mail Mixed Manual/Mail		
any such election. 11b. Election Date(s):	11c F	ection Time(s):		11d. Election Location(s):				
June 12,2018		m2:30pm		Employer facility				
12a. Full Name of Petitioner (including	g local name and no	umber)	-	12b. Address (street	eet and number, city, state, and ZIP code)			
Ariel A Echevarria Unidad Laboral de Enfermeras (os) y Empleado	os de la Salud	2773	200-0	Calle Hector Salaman PR San Juan 00918-2	#354 711	57094 50V0 55 XX		
12c. Full name of national or internation		of which Petitioner	is an affiliate or constituen					
N/A								
12d. Tel No.	12e. Cell No.		12f. Fax No.	1.3	2g. E-Mail Ad obypr@gmail.	dress		
(787) 763-8310	(787) 432-1935		(787) 763-8380		00) pr@ga			
 Representative of the Petitioner v Name and Title 	vno will accept servi	ice of all papers to			d ZID codo)			
Harold A Hopkins Legal Representative			13b. Address (street and Calle Hector Salaman #		d ZIP Code)	1		
Unidad Laboral de Enfermeras (os) y En			PR San Juan 00781-21	11	26 - 14-3 4 4	denon		
13c. Tel No. (787) 763-8310	13d. Cell No. (787) 526-4903		13e. Fax No. (787) 763-8380		3f. E-Mail Add			
I declare that I have read the above p					, ,,,,,			
		Julients are tru		roage and belief.		TOTAL TERMINATURE TO		
Name (Print)	Signature Ariel A. Echevarria	Martinez	Title Union Representative		Date	15.17.20		
Ariel A Echevarria					03/22/2018	05/22/2018 15:17:30		

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Case Date Filed
12-RC-220670 MAY 22, 2018

Attachment

Employees Included
All full time and regular par time clerks

Employees Excluded

All other employees, executive secretaries, nurses and graduated and registered nurses, accountants, other professional employees, and guards and supervisors as defined in the act.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No. 12-RC-220821	Date Filed 5/24/2018				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 16569 SW 117th Ave FL Miami 33177-3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 16569 SW 117th Ave FL Miami 33177-Carlos Diaz 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (305) 378-1073 cdiaz@cocacolaflorida.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: **Delivery of Coca-Cola Products** Consumer Goods Miami, FL 5b. Description of Unit Involved 6a. No. of Employees in Unit: 40 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): June 30, 2018 4:00 a.m. - 7:00 a.m. 16569 SW 117th Ave; Miami FL 33177 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) David Renshaw Teamsters Local Union No. 769 12365 W Dixie Hwy FL Nor h Miami 33161-5428 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters 12g. E-Mail Address drenshaw@teamsterslocal769.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (305) 447-8115 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Howard S. Susskind Esq. Union Lawyer Sugarman & Susskind, P.A. 100 Miracle Mile Ste 300 FL Coral Gables 33134-5429 13c. Tel No. 13d Cell No. 13e. Fax No. 13f. E-Mail Address mbraswell@sugarmansusskind.com (305) 529-2801 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Union Lawyer D. Marcus Braswell for 05/24/2018 11:29:46 Howard S. Susskind Esq.

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Attachment

DO NOT WRITE IN THIS SPACE					
Case	Date Filed				
12-RC-220821	5/24/2018				

Employees Included

All full-time service driver, transport driver, and regular part-time merchandiser driver, assistant driver and bulk driver.

Employees Excluded All other employees

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

	_	-		۰
Coop No		-	_	۰
Case No. C-220916				
12-KC-220910				

DO NOT WRITE IN THIS SPACE

Date Filed
5-25-18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 6360 Hazeltine National Dr FL Orlando 32822-5116 Flying Food Group 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 6360 Hazeltine National Dr FL Orlando 32822-5116 Roger Raghunath 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (407) 361-6588 rraghunath@flyingfood.com (407) 851-8297 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Food Processing Airline Catering Orlando, FI 5b. Description of Unit Involved 6a. No. of Employees in Unit: 36 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes [] No [] Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 01/30/2018 and Employer declined recognition on or about (Date) (If no reply received, so state). Yes 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10b. Address 10c. Tel. No. 10d. Cell No. 10a. Name 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 7 Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 06/01/2018 11c. Election Time(s): 11d. Election Location(s): 10am-4pm **Employers Conference Room** 12a. Full Name of Petitioner (including local name and number) Jonathan Robert Rosario USWU Local 74 12b. Address (street and number, city, state, and ZIP code) 5448 Hoffner Ave Ste 204 FL Orlando 32812-2513 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) United Service Workers Union Local 74 IUJAT 12g. E-Mail Address local74@bellsouth.net 12d Tel No 12e. Cell No. 12f Fax No. (407) 273-8021 (407) 259-1820 (407) 273-4042 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Zachary R Harkin Esq. O'Dwyer & Bernstein, LLP 52 Duane St FI 5 NY New York 10007-1229 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address zharkin@odblaw.com (212) 571-7100 (631) 375-7046 (212) 571-7124 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Business Representative

05/25/2018 10:06:36

Jonathan Robert Rosario

Jonathan Robert Rosario

PRIVACY ACT STATEMENT

Attachment

Employees Included Chef/Cook/Production/Storeroom

Employees Excluded Managers & Supervisors

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
12-RC-220916	5-25-18			

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC P F T I T I O N

DO NOT WRITE IN THIS SPACE

Case No Date Filed

12-RC-220949 5/29/2018

				12-10	0-220343		5/29/2018	
INSTRUCTIONS: Unless e-Filed us								
in which the employer concerned is	s located. Th	e petition must	be acc	ompanied by	both a showing	of interest (s	ee 6b below) and a	
certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of								
Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest								
should only be filed with the NLRB	and should <u>n</u>	ot be served on	the en	ployer or any	other party.	•		
1. PURPOSE OF THIS PETITIONRC-CERT	IFICATION OF	REPRESENTATIVE	E - A sub	stantial number o	of employees wish to	be represente	d for purposes of collective	
bargaining by Petitioner and Petitioner desires National Labor Relations Board proceed under	to be certified as er its proper autho	representative of the ority pursuant to Sect	employed ion 9 of th	es. The Petitioner a e National Labor Re	alleges that the follow elations Act.	ving circumstanc	es exist and requests that the	
2a. Name of Employer					(s) involved (street and			
BERING SEA ENVIRONMENT	'AL	NAS	INTRE	TIP AVENUE I	BLDG A-4082, BC	DCA CHICA P	FIELD, KEY WEST, FL 33040	
3a. Employer Representative - Name and	Title			ress (If same as		33.7		
CONSTANCE BERGO – HUMAN I		E MANAGER	615 E	. 82 ND AVEN	IUE, SUITE 20		AGE, AK 99518	
	d. Cell No.	70 2775	3e, Fa		S. G. S.	3d. E-Mail Add	NATANTANA MARAMATAN MANAMATAN MANAMA	
305-293-3277				293-3282			B@TDXCORP,COM	
4a. Type of Establishment (Factory, mine, who	olesaler, etc.)	4b, Principal prod		rvice CKING SUPF	ODT		nd State where unit is located;	
MILITARY BASE		Allyonal	LENA	JKING SUFF	ONI		CA CHICA FIELD 'WEST, FL	
5b, Description of Unit Involved	- 25		253			KEI	6a. No. of Employees in Unit:	
ncluded:	OUBLY EMPL	OVEED TO INCLU	DE 001				6	
ALL FULL AND REGULAR PART TIME H TECHS, AND COMPUTER OPERATORS W					ECHS, INSTRUME	NIATION	6b. Do a substantial number (30%	
	011111111111111111111111111111111111111	O O/ O THO THEE	J 114 ((L)	***************************************			or more) of the employees in the	
Excluded:	275005500550050 DeCo					23	unit wish to be represented by the Petitioner? Yes \(\sqrt{1} \) No \(\sqrt{1} \)	
OFFICE CLERICAL EMPLOYEES, PROF	ESSIONAL EM	PLOYEES, MANA	GERIAL	EMPLOYEES, G	SUARDS, AND SUF	ERVISORS,	Petitionerr Fes (Y No (
AS DEFINED IN THE ACT.							450/A 050/30	
☐ 7a. Request for recognition as	s Bargaining Rej	presentative was ma	ade on <u>Pe</u>	tition will serve	as request for reco	gnition and Emp	loyer declined recognition on or	
about(date) (if	no reply receive		ve and de	sires cartification	Lader the Act		1.0 10 10 10 10 10 10 10 10 10 10 10 10 10	
8a, Name of Recognized or Certified Bargaining Ag			ro allo de	8b. Address	under the Act.			
NONE				N/A	W0000470 No. 104			
8c. Tel. No. 8	Bd. Cell No. N/A	2002	8e. Fax N/A			8f, E-Mail Add N/A	ress	
8g. Affiliation, if any				of Recognition or	Certification	13(COS) - (1-)	ate of Current or Most Recont	
N/A			N/A	시간에 사용을 살아가 되었어요? 경영하다.			(Month, Day. Year)	
			10			N/A		
Is there now a strike or picketing at the Emp (Name of labor organization)		nment(s) involved? _ the Employer since (M			oximately how many	employees are p	participating?	
10. Organizations or Individuals other than Pet		장면 이번 경기에 가면 하는데 하다 나가 되었다.			rancanitles as soons	antakina and a	Abor arrania dia a and bull da da	
known to have a representative interest in any	employees in the	e unit described in ite	em 5bab	ove. (If none, so stat	b) NONE	sentatives and o	ther organizations and individuals	
10a. Name	10b. Add	tress	48%		10c. Tel. No.		10d, Cell No.	
N/A	N/A	Ą		F	N/A 10e. Fax No.		N/A 10f. E-Mail Address	
11. Election Details: If the NLR8 conducts an elec	tion in this matt	lar otata value nasiti	an mith an		N/A 11a. Election Ty		N/A	
any such election.	tion in this man	ter, state your positi	DI: WILLIE	speci to	✓ Manual	Mail [Mixed Manual/Mail	
11b. Election Date(s):	11c. Ele	ection Time(s):			11d. Election Local	tion(s):		
06/15/2018	1:	00 PM - 2:00 PM	Λ		REPAIR S	HOP - BOO	CA CHICA FIELD	
						1000 1000 1000 1000 1000 1000 1000 100	COLORS BARDA CALLORS TO CARCO PAGENCIA PROPERTY AND PROC	
12 a. Full Name of Petitioner (including local name a IAMAW, AFL-CIO	and number)			8 8862 0			ty, state, and ZIP code) E 580, ARLINGTON, TX 76011	
12c. Full name of national or international labor	r organization of	which Petitioner is a	n affiliate	or constituent (if	none, so state)		2 330,7 11 (271 (37 (37) 77) 77 (37)	
INTERNATIONAL ASSOCIATION		CHINISTS AN			ORKERS, AFL-			
12d, Tel. No. 817-505-0100	2e. Cell No.		12f. Fax 817	no. '-459-0107	34403.5	12g. E-Mail Ad	dress	
13. Representative of the Petitioner who will accept s	service of all paper	s for purposes of the m			10 91 Y L			
13a, Name and Title					er, city, state, and ZIP cod	le)		
JAMES R. LITTLE - GRAND LODGE SPEC	IAL REPRESE	NTATIVE	690	E. LAMAR E	BLVD, SUITE 5	80, ARLING	TON, TX 76011	
047 505 0400	3d, Cell No.		13e, Fa.	κ No.		13d, E-Mail Add	dress	
	82-401-7835			7-459-0107	4 2000	JLITTLE@	DIAMAW.ORG	
I declare that I have read the above Petition and that		re due to the pest of n	y knowler	-	ST 32 - 12			
Name (Print) Signate	re D	1		Title			ATE	
JAMES R. LITTLE	m h	~~~		GRAND LOD	GE REPRESE		05/29/2018	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
12-RC-221694	JUNE 8, 2018						

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) PUMA Energy Caribe, LLC Carr. 28 Km 2.0 Luchetti Industrial Park, Bayamon, PR 00961 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Victor Dominguez same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (787) 705-7929 (787) 705-6965 Puertorico@pumaenergy.com 4b. Principal product or service 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: Company Bayamon, PR Supply and storage of fuel 5b. Description of Unit Involved 6a. No. of Employees in Unit: 19 Included: All regular full-time and part-time operators working for the employer at its facility in Bayamon, PR. 6b. Do a substantial number (30% or more) of the employees in the Excluded: Operators LPG, maintenance and all other employees, guards and supervisors as defined in the Act. unit wish to be represented by the Petitioner? Yes ✓ No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 06/08/2018 and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c. Tel No. 8d Cell No. 8e. Fax No 8f. E-Mail Address 8g. Affiliation, if any 8i. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? no If so, approximately how many employees are participating? n/a has picketed the Employer since (Month, Day, Year) n/a (Name of labor organization) n/a 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals. known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) NONE 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mixed Manual/Mail Mail [any such election. 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): Maintenance Office June 29 2018 5:30 am to 7:30 am & 5:30 pm to 7:30 pm 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Congreso de Uniones Industriales de Puerto Rico Box 344 Cataño, PR 00963 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) NONE 12d Tel No 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (787)599-9670 (787)599-9670 josealbertofigueroa@yahoo.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title José A. Figueroa Rios 13b. Address (street and number, city, state, and ZIP code) Box 344 Cataño, Puerto Rico 00963 13c Tel No 13d. Cell No. 13f. E-Mail Address (787) 599-9670 josealbertofigueroa@yahoo.com none I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) José A. Figueroa Rios President CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) WILLFUL FALSE STATEME

PRIVACY ACT STATEMENT

Solicitation of the information on this formus authorized by the National Labor Relations (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-

43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Name (Print)

Melinda Fiedler

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
12-RC-2222/2	1 6/19/18				

18/2018

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Florida Times-Union 1 Riverside Ave, Jacksonville, FL 32202 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Mary Kelli Palka, Editor same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address mpalka@jacksonville.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Newspaper Jacksonville, FL Newspaper 6a. No. of Employees in Unit: 5b. Description of Unit Involved Included: All full and part time editorial employees 6b. Do a substantial number (30% or more) of the employees in the All managerial employees, supervisors, and guards as defined in the Act. unit wish to be represented by the Petitioner? Yes No 7a. Request for recognition as Bargaining Representative was made on (Date) 6/19/2018 and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i, Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? n/a (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) none 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11d. Election Location(s): 11b. Election Date(s 11c. Election Time(s): July 10, 2018 11am-3:30pm Advertising Conference Room 12b. Address (street and number, city, state, and ZIP code) 501 3rd St NW, Washington DC 20001 12a. Full Name of Petitioner (including local name and number) The NewsGuild 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none; so state) The NewsGuild-Communications Workers of America, AFL-CIO 12g. E-Mail Address mfiedler@cwa-union.org 12e. Cell No. (202) 907-1725 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Paul Donnelly, Attorney 13b. Address (street and number, city state, and ZIP code) 2421 NW 4 Ist Street, Suite A-1, Gainesville, FL 32606 13e. Fax No. (352) 374-4046 13f. E-Mail Address 13d. Cell No. (352) 374-4001 paul@donnellygross.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Organizer WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

FORM NLRB-502 (RC)

UNITED STATES OF AMERICA

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
12-RC-222543	June 22, 2018						

(2-18)	RC PETITION					e No. 12-R	C-2225	1 -	une 22, 2018	
INSTRUCTIONS: Unless e-Filed us employer concerned is located. Ti the employer and all other parties Case Procedures (Form NLRB 48:	he petition must be accome named in the petition of:	panied b (1) the pe	y both a tition; (2,	showing of inte Statement of P	rest (see 6) Position for	s Petition to b below) and m (Form NLI	an NLRB of a certificate RB-505); and	fice in the Regio e of service show d (3) Description	n in which the ving service on of Representation	
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Laboration of the Petition of	ioner desires to be certified	as repres	entative o	f the employees.	The Petitio	oner alleges	that the follo	owing circumsta	nces exist and	
2a. Name of Employer: Altol Petroleum Products Service, Inc. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Carr 127, Km 13-5, Bo. Magas, St. Ca, Guayanilla PR 00656										
3a. Employer Representative - Nan Alvin S Tollinchi	ne and Title:	3b. Add Same		ame as 2b - state	e same):	*******				
3c, Tel, No. 787-833-4242	3d. Cell No.	J	3e. Fax 787-8	No. 33-2004		3f. E-Mail A	ddress			
4a. Type of Establishment (Factory, I Service to gasoline transp	mine, wholesaler, etc.) ortation		4b. Prin gasol	cipal Product or S	Service			abo, San Ju		
5b. Description of Unit Involved: Included: All drivers that are emplo	yed by the Employe	er at its	facilit	ics in Guayı	nabo, PR	2	6a. Number	er of Employees in	Unit:	
All employees, supervisor	rs and guards as def	ined by	the A	ct			6b. Do a su of the e represe	ubstantial number imployees in the u ented by the Petition	(30% or more) init wish to be oner? Yes No	
Check One: Ta. Request for reconnection on or about (Date)		no reply r	eceived,	so state).	04/02/			declined recognition		
8a. Name of Recognized or Certific				Address:	runcation ti	ider ine Aci,				
8c. Tel. No.	Bd. Cell No.		8e. Fax	No.		8f. E-Mail A	ddress			
8g. Affiliation, if any:		8	h. Date o	h. Date of Recognition or Certification Bi. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)				r)		
9. Is there now a strike or picketing a	at the Employer's establishm	ent(s) inv	olved? N	O If so		- 5		s are participating		
(Name of Labor Organization) 10. Organizations or individuals othe individuals known to have a representation.					claimed red	cognition as re	epresentativo	er since (Month, C es and other orga		
10a. Name	10b. Address					10c. Tel. N	0.	10d. Cell No.		
						10e. Fax No. 10f. E-Ma			Mail Address	
11. Election Details: If the NLRB co	anducts and election in this r	natter, sta	ite your p	osition with respe	ect to any su	uch election:	11a, Election	n Type:		
11b. Election Date(s):	11c. Election T	ime(s):				11d Election	Manua Manua		Mixed Manual/Mail	
June 11th, 2018	6:00 AM-	8:00 A	M	1400 111		Guayna	bo site			
Unión de Tronquistas de	Puerto Rico-Teams	ers Lo	cal 901			d number, city rque, San				
12c. Full name of national or internal International Brotherhood		vhich Peti	tioner is a	n affiliate or cons	stituent (if n	one, so state)	;		1	
12d. Tel. No. 787-721-8980 12e. Cell No. 787-435-0340				(No. 724-2190	8.3	12g. E-Mail Address tronquistalu901@gmail.com				
13. Representative of the Petitioner who will accept service of all par 13a. Name and Title: Argenia Carrillo-Business Agent				pers for purposes of the representat 13b. Address (street and number, ci 352 Calle Del Parque, San J			city, State and ZIP code):			
13c. Tel. No. 787-721-8980	13d. Cell No. 787-435-0340		13e, Fa 787-7	x No. 724-2190		13f. E-Mail Address argenis3323@live.com			***************************************	
I declare that I have read the abov	e petition and that the sta		are true t	the best of my		e and belief.	***		Date	
Argenis Carrillo	1 th	gen	5 (-	11 (V-		Business A	gent		06/21/18	

FORM NURB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

. DO NOT WRITE IN	THIS SPACE				
Case No.	Date Filed				
12-RC-223657	7/13/18				

INSTRUCTIONS: Unless e-F employer concerned is loca the employer and all other p Case Procedures (Form NLI	ted. The petition mu parties named in the RB 4812). The showi	st be accompan petition of: (1) ti ng of interest sh	led by both he petition; lould only b	a snowing of interes (2) Statement of Pos e filed with the NLR	st (see ob below) an sition form (Form Ni B and should not be	RB-505); en served on t	d (3) Description of Ri he employer or any or	epresentation ther party.		
PURPOSE OF THIS PETTI bargaining by Petitioner en- requests that the National	d Pelitioner desires to	be certified as re ard proceed un	presentative der Ite prop	of the employees. The authority pursuan	ne Petitioner alleges It to Section 9 of the	that the foll National La	owing circumstances bor Relations Act.	collective exist and		
2a. Name of Employer: Island Water Associa	tion	36	o. Address (es) of Establishment(s) Involved (Street and number, City, State, ZIP code): 651 Sanibel Captiva Road, Sanibel, FL 33957							
3a. Employer Representative Karen Warrick, Interi	- Name and Trile: m General Mar		ame	sama sa 2b - state s	ame):					
3c. Tel. No. 239-472-1502	3d. Cell No. 3a. Fex No. 239-472-1505				3f. E-Mail Karen	Address Vislandwa	ater.com			
4a. Type of Establishment (Fa	clory, mine, wholeseld	91, 0tc.)		incipal Product or Se er Distribution			nd State where unit is to	cated:		
sb. Description of Unit Invol Included: See Attached	ved:				÷	6a. Number 31	of Employees in Unit			
Excluded: See Attached						of the c	ubstantial number (30% employees in the unit wanted by the Pelitioner	ish to ba		
	or la currently recogniz	ed as Bargaining	Representa	live and desires certif			declined recognition			
8a. Name of Recognized or o Richard Jones	Certified Bergelning	Agent (If none, s	no state) [.8	b. Address; 25397 Kowloon	Lu, Punta Go	rda, FL 3	3983			
8c. Tel. No. None	941-628-0	0813	8e. F	ex No.		BI, E-Mall Address				
Bg. Affiliation, if any: IUPAT Local 2301			8h. Date	th. Date of Recognition or Certification 81. Expiration Date of Current or Most						
9. Is there now a strike or pick (Name of Labor Organizatio 10. Organizations or Individual	n)		N/A			d the Employ	er since (Month, Day,			
individuals known to have None	a representative inter	est in any employ	rees in the u	nit described in Item 6	ib above. (If none, so	state)	es aud omer orbanizati	ons eng		
10a Name None		one			10c. Tel. 1 None	No.	None	* 7		
				(ii)	10e. Fax None					
11. Election Details: If the NI Yes For Union Repre	RB conducts and ele	ction in this matte	er, state your	position with respect	to any such election:	11a. Election		ed Manual/Mail		
11b. Election Date(s): August 20,2018	13	c. Election Times: 3Upm to 6:	(s): 3U pm		11d. Elec Conte	ion Location				
12a. Full Name of Petitioner IUPAT Local Union		and number):		PO Box 1	street and number, of 51116, Cape Co	ty. State and Oral, FL 3	ZIP code); 3915			
12c. Full name of national or in International Union (of Painters And	Allied Trac	Petitioner i	an affiliate or consili	tuent (if none, so stat	9):				
12d. Tel. No. 12a. Cell No. Noné				121. Fax No. 12g. E None None			izg. E-Mail Address None@example.com			
13. Representative of the Pe 13a. Name and Title: Richard Jones, Preside		ept service of a	13b.	Address (street and r	presentation proceed number, city, State ar Punta Gorda 33	d ZIP code):				
13c. Tel. No. None	13d. Cell No. 941-628-		No		rjones	ili Address @dc78.oz	g			
I declare that I have read the Name (Print)	above petition and	that the statem	enta are tru	e to the best of my k	nowledge and bollo	f		Date		
Richard Jones		170				DEN	T	0//13/18		

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
12-BC-22/280	7/2//2 7/2//18				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Florida Beef 441 State Rd 64 East Zolfo Springs, FL 33890 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Lou McClura - V.P. Same 3e. Fax No. 3c. Tel. No. 3d. Cell No. 3f. E-Mail Address (863) 448-9229 (844) 352-2333 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Meat Processing Zolfo Springs, FL 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full time and regular part-time employees 6b. Do a substantial number (30% Excluded: All clerical, supervisors and guards stated in the act or more) of the employees in the unit wish to be represented by the Petitioner? Yes ✓ No 7a. Request for recognition as Bargaining Representative was made on (Date) 7/24/18 Check One: and Employer declined recognition on or about NOKEPIU (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8l. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? ______ If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10h Address 10c Tel No 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: ✓ Manual Mail Mixed Manual/Mail any such election. 11c. Election Time(s) 11b. Election Date(s): 11d. Election Location(s): 8/14/2018 5:30-7;30 AM Employee breakroom 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) United Food & Commerical Workers Local 1625 705 East Orange Street Lakeland, FL 33801 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) United Food & Commercial Workers International Union AFL-CIO, CLC 12d. Tel No. 12f. Fax No. 12g. E-Mail Address (863) 686-1625 (863) 583-3327 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Manuel Hernandez - Representative 13b. Address (street and number, city, state, and ZIP code) 705 East Orange Street Lakeland, FL 33801-5029 13c. Tel No. 13f. E-Mail Address (863) 583-3327 (806) 341-7324 mhernandez@ufcw.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date Manuel Hernandez Representative 07/24/2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

n/a

Name (Print)

Iram Ramirez

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
12-RC-224587	July 27, 2018					

13f F-Mail Address

upsptv@gmail.com

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer Centerra Group USCG Sector San Juan y Rio Bayamb Housing 3b. Address (If same as 2b - state same) 7121 Furce y Dr. 54.76 301 Palm Beach Gardens, FL 33418 3a. Employer Representative - Name and Title kris.kluzinski Dir. of Operations 3f. E-Mail Address 3d. Cell No. 3e Fax No kris.kluzinski@CenterraGroup. 561) 472-0600 n/a n/a 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: San Juan & Bayamon PR Security Services 5b. Description of Unit Involved All full and partiams security gund that work for the about 6a. No. of Employees in Unit:

10cluded:

10cluded Housing Excluded: All ther employees and all other employees that work for the above hame comployee and all other as defined by the Act. unit wish to be represented by the Petitioner? Yes 7 No 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address RR01 box 16001 Toa Alta, PR 00953 Federal Security Force Association Se. Fax No. 8c. Tel No. 8d Cell No fsfaunion@gmail.com 787-675-7353 n/a n/a 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) 10-01-2018 n/a n/a 9. Is there now a strike or picketing at the Employer's establishment(s) involved? n/a If so, approximately how many employees are participating? n/a , has picketed the Employer since (Month, Day, Year) n/a (Name of labor organization) n/a 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) n/a 10c Tel No. 10d. Cell No. 10b. Address 10a. Name n/a n/a 10f. E-Mail Address 10e. Fax No. n/a n/a n/a n/a 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Mixed Manual/Mail 11a. Election Type: Manual Mail any such election. 11d. Election Location(s): 11c. Election Time(s): USCG Sector SJ & Rio Bayambi Housing 08/13/2018 11am-7pm 12a. Full Name of Petitioner (Including local name and number)

12b. Address (street and number, city, state, and 2IP code)

UNION DE PROFESIONALES DE LA SEGURIDAD PRIVADA PO BOX 29146 San Juan PR 00929 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) n/a 12g. E-Mail Address 12e. Cell No. 787-677-6366 12f. Fax No. 12d. Tel No. upsptv@gmail.com n/a n/a 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title Iram Ramirez- Dir. Ejecutivo

PRIVACY ACT STATEMENT Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Dir. Ejecutivo

13e. Fax No.

n/a

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION

13d. Cell No. 787-677-6366

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
12-RC-224846	8/1/18			

of service showing service o (Form NLRB-505); and (3) De	rned is located. The n the employer and scription of Represe	e petition must all other partie entation Case F	be accompanied by I s named in the petition Procedures (Form NL	both a showing of on of: (1) the petiti	interest (se on; (2) Stat	ee 6b below) and a certificate ement of Position form	
with the NLRB and should not purpose of this PETITION: bargaining by Petitioner and Petit requests that the National Laboratory	RC-CERTIFICATION OF ioner desires to be certifi	REPRESENTATI ed as representativ	VE - A substantial number ve of the employees. The	Petitioner alleges that	t the followin	g circumstances exist and	
2a. Name of Employer	Troiding Doura proc		dress(es) of Establishmen				
Payless Car Rental Inc., Subsidiary of	f AB Car Rental Services	s. Inc. 86	600 Hangar Blvd Orlando 32827-5430		ALL CONTRACTOR OF THE PROPERTY	S. Carrier and C. Car	
3a. Employer Representative - Na			3b. Address (If same as	2b - state same)		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Mattthew Minnitte			8600 Hangar Blvd FL Orlando 32827	5430			
3c. Tel. No.	3d. Cell No.		3e. Fax No.	-5450	3f. E-Mail Ado	ress	
(407) 825-3722	(912) 373-2370	n.	(407) 825-3708		matthew.minnitt	e@avisbudget.com	
4a. Type of Establishment (Factory,		4b. Principal pro			5a. City	and State where unit is located:	
Others		1 200 EAST STREET, MIGHT CONTROL	Car Rental		The second section is	Orlando, FL	
5b. Description of Unit Involved		1111111111			1 ,	6a. No. of Employees in Unit:	
Included: See Attached Page 2 fo	r additional details					13	
Excluded: See Attached Page 2 for				* *		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes [] No []	
7b. Petitio	(Date) ner is currently recognize	(If no reply received as Bargaining Re	epresentative and desires	95040	MATERIAL PROPERTY OF THE PARTY OF THE PARTY OF	lined recognition on or about	
8a. Name of Recognized or Certifi	ed Bargaining Agent (II	none, so state).	8b. Address				
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	ress	
8g. Affiliation, if any			8h. Date of Recognition or	r Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)		
Is there now a strike or picketing a (Name of labor organization)						CONTRACTOR STORES	
10. Organizations or individuals othe known to have a representative inter					esentatives an	d other organizations and individuals	
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
 Election Details: If the NLRB c any such election. 	AL IS	180	r position with respect to	INVESTIGATION OF THE PROPERTY	The second state of the second	Mail Mixed Manual/Mail	
11b. Election Date(s): 8/17/18	10:00 to	ection Time(s): o 11:00 and 16:00	to 17:00	11d. Election Location(s): A Side Counter Break room in Airport			
12a. Full Name of Petitioner (inclu Chris Gonzalez Teamsters Local Union No 385				126 N Kirkman Rd FL Orlando 32811-14	t and number, 198	city, state, and ZIP code)	
12c. Full name of national or interna International Brotherhood of Teamste		of which Petitioner		it (if none, so state)			
12d. Tel No. (407) 298-7037	12e. Cell No. (407) 761-6977		12f. Fax No. (407) 297-9097		12g. E-Mail A chris@local38	ddress 5.org	
13. Representative of the Petition 13a. Name and Title	or purposes of the repres 13b. Address (street and						
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Ad	dress	
I declare that I have read the above	e petition and that the	statements are tru	e to the best of my know	vledge and belief.			
Name (Print)	Signature		Title		Date		
Chris Gonzalez Chris Gonzalez Business Agen							

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Attachment

DO NOT WRITE IN THIS SPACE						
Cașe	Date Filed					
12-RC-224846	8/1/18					

Employees Included Full-time and Regular part-time rental sales agents

Employees Excluded all other employees; clerical, mechanics, bus drivers, shuttlers, outside salesmen, guards, watchmen and supervisors as defined in the Act

FORM NLRB-502 (RC) (4-15)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

1	Case No.
	12-RC-2252

DO NOT WRITE IN THIS SPACE						
	Date Filed					
5289	8/8/18					

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u>, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

with the NLRB and should not l			이 살아가 있다면 하면 이렇게 하면 하면 하는 것 같은 사람이 되었다.	RB 4812). The sho	owing of int	erest should only be filed	
PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petition	-CERTIFICATION O	F REPRESENTAT	IVE - A substantial number	of employees wish to l	be represented	d for purposes of collective	
requests that the National Labor F		ceed under its pro	oper authority pursuant to	Section 9 of the Nati	ional Labor R	elations Act.	
2a. Name of Employer		1 1	ddress(es) of Establishmen 601 SW 37th Ave	t(s) involved (Street an	d number, city	, State, ZIP code)	
E One 3a. Employer Representative – Name	and Title	Ė	L Ocala 34474-2829 3b. Address (If same as	2h _ state same)			
Pamela A. Harris	and ride		1601 SW 37th Avi FL Ocala 34474-2				
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add	ress	
(352) 237-1122			(352) 237-1151		pharris@eone.co	17.74	
4a. Type of Establishment (Factory, mir	ne, wholesaler, etc.)	4b. Principal pro			5a. City	and State where unit is located:	
Auto & Truck Manufactu	rers		Emergency Vehicles Manu	ufacturing	198	Ocala, FL	
5b. Description of Unit Involved		•				6a. No. of Employees in Unit:	
Included: See Attached Page 2 for ad	ditional details					600	
Excluded: See Attached Page 2 for ad	ditional details		S. 1146-74-14-14-14-14-14-14-14-14-14-14-14-14-14			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes [[/]] No [_]]	
Check One: 7a. Request f	or recognition as Bar	gaining Representa	ative was made on (Date)	and	Employer dec	lined recognition on or about	
	(Date)	(If no reply receive	ed, so state).			effect of	
			Representative and desires	certification under the A	Act.		
8a. Name of Recognized or Certified	Bargaining Agent (if none, so state).	8b. Address			140.00	
8c. Tel No.	8d Cell No.		8e. Fax No.	8f. E-Mail Address			
8g. Affiliation, if any			8h. Date of Recognition o	r Certification	8i. Expiration I	Date of Current or Most Recent	
					Contract, if an	y (Month, Day, Year)	
9. Is there now a strike or picketing at the	he Employer's establ	ishment(s) involved	i? If so, approx	kimately how many emp	oloyees are pa	rticipating?	
(Name of labor organization)		, has pic	keted the Employer since (Month, Day, Year)			
Organizations or individuals other the known to have a representative interest					esentatives and	d other organizations and individuals	
10a. Name	10b. Ac	ddress		10c. Tel. No.		10d. Cell No.	
Tou. Harrie	100.7	44.055		100. 101.110.		Tod. Gen No.	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB cond any such election.	ducts an election in the	nis matter, state you	ur position with respect to			Mail Mixed Manual/Mail	
11b. Election Date(s): TBD	11c. E TBD	Election Time(s):		11d. Election Location TBD	on(s):		
12a. Full Name of Petitioner (includin Gord Lilley United Automobile Aerospace and Agricultural	ng local name and n	number)	-	12b. Address (street 8000 E. Jefferson MI Detroit 48214-	and number,	city, state, and ZIP code)	
12c. Full name of national or internation	nal labor organization	of which Petitione	r is an affiliate or constituer		d		
12d. Tel No. (519) 350-0778	12f. Fax No. 12g. E-Mail (313) 926-5240 glilley@uaw			Mail Address			
13. Representative of the Petitioner v	who will accept serv	vice of all papers 1	131/152 157	sentation proceeding.		V-54	
13a. Name and Title James A. Britton Esq. Assistant General Counsel International Union, UAW 13b. Address (street and number, city, state, and ZIP code) 8000 E. Jefferson MI Detroit							
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Ad	Idress	
(313) 926-5216			(313) 926-5240		jbritton@uaw.r	net	
I declare that I have read the above p		statements are tr		viedge and belief.	1-2		
Name (Print) Gord Lilley	Signature James A. Britton		Title International Representa	ative	Date 08/8/2018	14:00:50	
LADIU LINEV					1 00/0/2010	I TO WAR JU	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Attachment

DO NOT WRITE IN THIS SPACE						
Case	Date Filed					
12-CA-225289	8/8/18					

Employees Included

All full time and regular part time hourly maintenance and production employees

Employees Excluded salaried employees, office professional, and supervisory employees, as defined in the Act.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE								
Case No. 12-RC-225289	Date Filed 8/8/2018							

AMENDED R C PETITION

12-RC-225289

8/8/2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

(Form NLRB-505); and (3) Desci	ription of Repres	entation Case	e Procedures (Form NLI	RB 4812). The sho	wing of inte	erest should only be filed	
with the NLRB and should not b	e served on the	employer or a	any other party.				
PURPOSE OF THIS PETITION: RC- bargaining by Petitioner and Petitioner requests that the National Labor R	CERTIFICATION OF er desires to be certifi	REPRESENTA ed as representa	TIVE - A substantial number ative of the employees. The I	Petitioner alleges that	the following	g circumstances exist and	
2a. Name of Employer		2b. /	Address(es) of Establishment	(s) involved (Street an			
E One		160	1 SW 37th Ave, Ocala FL	34474-2829		MALE SAMORE	
3a. Employer Representative - Name	and Title		3b. Address (If same as	2b - state same)			
Pamela A. Harris			1601 SW 37th Ave, C	Ocala FL 34474-282	9		
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add	ress	
(352) 237-1122	Eponi com months		(352) 237-1151) 237-1151 pharris@eone.com			
4a. Type of Establishment (Factory, min	e, wholesaler, etc.)	4b. Principal p	product or service				
Auto & Truck Manufactur	rers		Emergency Vehicles Manu	ifacturing		Ocala, FL	
5b. Description of Unit Involved						6a. No. of Employees in Unit:	
Included: All full-time and reg	ular part-time hou	irly maintenan	nce and production emplo	oyees		600 6b. Do a substantial number (30%	
Excluded: Salaried employees, o	ffice professionals	, and supervis	ory employees, as defined	l in the Act.		or more) of the employees in the unit wish to be represented by the Petitioner? Yes [] No []	
Check One: 7a. Request fo	or recognition as Barr	raining Penrese	ntative was made on (Date)	and	Employer dec	lined recognition on or about	
Check One: 1.1 7a. Request it		(If no reply recei		and	Employer dec	amed recognition on or about	
7h Petitioner			Representative and desires	certification under the	Act		
8a. Name of Recognized or Certified				ocidioation direct die 7	iot.		

8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	ress	
8g. Affiliation, if any			Date of Current or Most Recent				
SPECIAL PROPERTY SPECIAL SERVICES					Contract, if an	y (Month, Day, Year)	
9. Is there now a strike or picketing at th	e Employer's establi	shment(s) involv	ed? If so, approx	imately how many emp	oloyees are pa	rticipating?	
(Name of labor organization)							
10. Organizations or individuals other th							
known to have a representative interest					esentatives an	d other organizations and individuals	
international and a representative interest	in any employees in	une enin ecconic	oo iii toiii oo aooro. (ii iioiio,	, 00 01010)			
10a. Name	10b. Ad	Idress		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mall Address	
11. Election Details: If the NLRB cond any such election.	ducts an election in th	is matter, state y	your position with respect to	11a. Election Type:	✓ Manual	Mail Mixed Manual/Mail	
11b. Election Date(s):	11c. Ele	ection Time(s):		11d. Election Location	(s):		
August 29, 2018 12a. Full Name of Petitioner (including loc	9am	- 1pm	· ·	Lunchrooms or b			
						city, state, and ZIP code)	
International Union, United Automobile, A				8000 E. Jefferson	Avenue, De	troit MI 48214	
12c. Full name of national or internation None		of which Petition					
12d. Tel No. 12e. Cell No.				12f. Fax No. 12g			
(519) 350-0778			(313) 926-5240		glilley@ua	iw.net	
13. Representative of the Petitioner v	vho will accept serv	rice of all paper					
13a. Name and Title James A. Britton Esq. Assistant General International Union, UAW	13b. Address (street and n 8000 E. Jefferson Av	아마 아마 내는 사람들은 아이를 하는 것이 없었다면 하는데 없었다.					
13c. Tel No. (313) 926-5216	13e. Fax No. (313) 926-5240	I lheitten Queun not					
I declare that I have read the above p	etition and that the	statements are		wledge and belief.			
Name (Print)	Signature		Title	5	Date		
Gord Lillev			International Representative 8/10/2018				

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DD NOT I	DD NOT WRITE IN THIS SPACE						
12-RC-225741	Dete Filed AUG 16,	20					

RC PETITION

12-RC-225741

AUG 16, 2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate

in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargeining by Petitioner and Petitioner dealres to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b, Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Hospital San Carlos Borromeo PO BOX 68 Moca, PR 00733 3s. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Rosalda Crespo, Executive Director Same as 2b 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 787-877-2700 787-877-8000 rcrespo@hscbpr.org 4a. Type of Establishment (Factory, mine, wholesalor, etc.) 56. City and State where unit is located: 4b. Principal product or service Acute Health Care Moca, PR 5b. Description of Unit Involved 6a, No. of Employees in Unit: 15 Included: All diet and cafeteria employees employed by the Employer at its Moca, P.R. facility. 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the All other employees, administrative employees and guards, as defined by the Act. Petitionar? Yes / No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 8/16/18 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received. 7b. Potitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None Sf. E-Mail Address 8c. Tel No. 8d Cell No. Be, Fax No. Si. Expiration Date of Current or Most Recent 8q. Affiliation, If any 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10c. Tel. No. 10d Cell No. 10b, Address 10a. Nama 10f. F-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: / Manual Mail Mixed Manual/Mall any such election. 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): At the Employer's facility in Moca, P.R. 2:00 p.m. to 4:00 p.m. 9-5-18 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 4107 calle Nuclear Ponce, P.R. 00718 Unided Laboral de Enfermeras (os) y Empleados de la Salud 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (If none, so state) None 12d. Tel No. 125 Fax No. 12g. E-Mail Address 12c. Cell No. 787-840-2091 787-843-0870 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title Ariel Echevarria, Union Representative Same as 12b 13f. E-Mall Address 13d, Cell No. 136. Fax No. 13c. Tel No. dobypr@gmall.com 787-432-1935 787-840-2091 787-843-0870 ladeclare that I have read the above polition and that the statements are true to the best of my knowledge and belief. WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE,

PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

	DO NOT WRITE IN THIS SPACE
Case No.	Date Filed
12-RC-225861	AUG 20, 2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employe Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) BOX 32-San Juan Ashford Probyterian Community
3a. Employer Representative - Name and Title 00902 3b. Address (If same as 2b - state same same 3d. Cell No 3f. E-Mail Address 721-2160 787) royrillo @ presby Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Hospita 5b. Description of Unit involved 6a. No. of Employees in Unit: Included: All regular 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No Request for recognition as Bargaining Representative was made on (Date) 16 10 18 18 and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner Is currently recognized as Bargaining Representative and desires certification under the Act 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address $\cap \cap \cap$ 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any Bl. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day. Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c, Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mixed Manual/Mall any such electron.

11b. Election Date(s):

Septimbr 7, 2018 8: (30 4)

12a. Full Name of Petitioner (including local name and number)

12a. Full Name of Which are also of which any such election facilidades d 11c. Election Time(s): 8:00 am - 9:00am Dreso Traba labor organization of which Petitioner is an affiliate or constituent (if none, so state) 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Titl 13b. Address (street and number, city, state, and ZIP code) Edward Utam 13d. Cell E-Mail Address formithion@gmail.com 787) 781-5376 (787) 793-4205 4019 1871 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature tedward Utawy Presidente

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
12-RC-226070	8/22/2018						

employer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 48:	he petition must i named in the pe	be accompai tition of: (1) t	nied by the peti	both a sh tion; (2) S	owing of interest (se tatement of Position	ee 6b below) a form (Form N	nd a certificat LRB-505); an	le of service s d (3) Descript	howing so ion of Rep	ervice on presentation
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	ioner desires to be	certified as r	represen	ntative of th	ne employees. The Pe	titioner allege	s that the foll	owing circum	stances e	
2a. Name of Employer: NextEra Energy,Inc./Flori	da Power &	Light 7	700 U	b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): '00 Universe Blvd 'uno Beach, FL 33408						
3a. Employer Representative - Nan Brendan P Callaghan Dir. Of Corp Safety & Lai		s	see ab	•	e as 2b - state same).	:		-		
3c. Tel. No. 561-694-6443	3d. Cell No. 561-601-338			3e. Fax No 561-69		3f. E-Mail BREI		ALLAGHA	AN@fp	l.com
4a. Type of Establishment <i>(Factory, I</i>) Utility	mine, wholesaler, e	∍tc.)		4b. Princip Power	al Product or Service			ie and Tu		
5b. Description of Unit Involved: Included: See Attachment 1							20	er of Employee		
Excluded: See Attachment 1							of the e	ubstantial num employees in the ented by the Pe	ne unit wis etitioner? [h_to be
Check One:	rrently recognized	(If no r as Bargaining	reply red g Repres	ceived, so s sentative a	state). and desires certification		. •	declined recog		
8c. Tel. No.	8d. Cell No.			8e. Fax No) .	8f. E-Mail	Address			
8g. Affiliation, if any:	<u> </u>		8h.					Date of Current or Most act, if any (Month, Day, Year)		
Is there now a strike or picketing a (Name of Labor Organization)	t the Employer's e	stablishment((s) involv	red?	If so, approx	kimately how m		s are participal		ar)
 Organizations or individuals other individuals known to have a representation. 								es and other or	rganizatior	ns and
10a. Name	10b. /	Address				10c. Tel.	10c. Tel. No.		10d. Cell No.	
				10e. Fax			No. 10f. E-Mail Address			
11. Election Details: If the NLRB co	nducts and electio	n in this matte	er, state	your posit	lion with respect to an	y such election	11a. Election	. <u>'-</u>	☐ Mixed	Manual/Mail
11b. Election Date(s): September 12, 2018	5am	Election Time 1 to 7am	(s):			St Luc		key Pt NT	C cente	er
12a. Full Name of Petitioner (includ International Brotherhood Council U-4			Syste	em	12b. Address (street 3944 Florida E Palm Beach G	31vd. Suite	202	ZIP code):		
12c. Full name of national or internat International Brotherhood	of Electrical	ation of which Workers	,AFL	-CIO			<u> </u>			
12d. Tel. No. 561-624-2700	12e. Cell No. 561-310-498	33		12f. Fax N 561-62			ail Address cu4@aol.	com		
13. Representative of the Petitioner who will accept service of all pa 13a. Name and Title: Kenny Sims/SC-U4 Asst. Business Manager				pers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 3944 Florida Blvd, Suite 202 Palm Beach Gardens, Fl 33410						
13c. Tel. No. 561-624-2700	13d. Cell No.		- }:	13e. Fax N 561-62	4-5072	kennys	13f. E-Mail Address kennyscu4@aol.com			
I declare that I have read the above Name (Print)	petition and tha	t the stateme	ents are	true to th	ne best of my knowle	dge and belie				Date
Kenny Sims				KS	mo	Assistant	Business 1	Manager		8/22/18

Case Date Filed 12-RC-226070 8/22/2018

Attachment 1:

Include: All regular full time Chem Techs and Senior Chemistry Technicians located in the St Lucie Nuclear Power Plant and Turkey Point Nuclear Power Generating Stations.

Exclude: All clerical, supervisors, management, guards and all others defined by the law.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No. 12-RC-226706

Date Fled P 4, 2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) za Daily PO 80x 323 707 5J PIZ 00936 - 3207 3b. Address (If same as 2b - state same) Production 3a. Employer Representative - Name and Title Ortiz Coonsalez H.12. Ma 3d, Cell No. 3e. Fax No. 3c. Tel. No. 3f. E-Mail Address 5a. City and State where unit is located: 787-707-6507 787-399-7107 707 4b. Principal product or service 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 12,0 Pictures 5 J. Factor Product 5b. Description of Unit Involved included: All production and maintainance employees, refrigeration department employees, included: employees that work in the fritge extension, before mown as Size Foods worknowse, included by stipulation signed by both pendies on Nov. 15th 2002. Referenced: employee by the company in its textilities located in Riv Bieders. Ref. 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes X No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b, Address Union Insula de Tulej-Mores 80. Tel No. vitice) , Construction Ste. 805 55 PZ 00418 8f. E-Mail Address 8e. Fax No. 700 - 7088 720 - 1650 8g. Affiliation, If any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) Nov. 30, 2018 8. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or Individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mall Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mixed Manual/Mail Mall T any such election. 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): TOM (Suise Dury 4:00 Am - 9:00 AM Sept. 76 7018 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Central General de Trasajadores 10 BOX 1922901 SJ. P.R. 00919-2901 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (If none, so state) NONE 121. Fax No. 296 - 9072 12d. Tel No. 12e. Cell No. 12g. E-Mail Address 378-4330 cat puerto ricop 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) South I. Burbes POBOX 1927901 55. PR 00919 -290 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 296-9072 728.4330 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE TITLE 18, SECTION 1001) 70 N. PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT V	WRITE IN THIS SPACE		
Case No.	Date Filed	100	
12-RC-226717	SESEP	4,	2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code) PO 50× 323 20 2 55, PR 00936 ~ 72 07 Suiza Dair y Trunsport 3b. Address (If same as 2b - state same) Courseles. 3e. Fax No 3c. Tel. No. 3f. E-Mail Address 707-6507 399-710 707 gonzaleze Suizapr. com 6456 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a City and State where unit is located: Pildres Raw Mik To 5b. Description of Unit Involved 8a. No. of Employees in Unit: Included: All row milk 24 employed by the employer 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the employees, ofice employees, supervisors, 19vay Petitioner? Yes No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address Sur Str. 805 55 PR 00918 Union Insolar Industriales de Tras BT. E-Mail Address hycyes evitice pri, Dry Bc. Tel No. 8d Cell No. 8e. FaxNo. 720 - 1650 226 787 790 NYEVES & CIMAII. (& M)
81. Expiration Date of Current or Most Recent 8g. Affiliation, if any 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) Nov. 30. 2018 9. Is there now a strike or picketing at the Employer's establishment(s) involved? ______ If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10d. Cell No. 10a · Name 10h Address 10c Tel No 10f. E-Mall Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mixed Manual/Mail any such election. 11c. Election Time(s): 11d. Election Location(s): 10+ 4:00 Mus - 9:00 km MaM 150ire Dairy 8105 12a. Full Name of Petitioner (Including local name and number) 12b. Address (street and number, city, state, and ZIP code) entral General de Trabaja C67 PO BOX 1922901 ST. PR 00419-2901 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) NONE 12d. Tel No. 2910 - 497 4 12f. Fax No. 296 - 9072 12e Cell No. 12g. E-Mail Address 378-4330 catpuextorico 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title Scott F. Ru SJ. DR 00919 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 328-4370 5072 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Signature Name (Print) F. Buld WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

Case No. 12-RC-226734 Date Filed SEP 4, 2018

DO NOT WRITE IN THIS SPACE

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Suiza Dairy (New Pla 3a. Employer Representative - Name and Title (Neva Plastics ★ 32320+ SJ, P& 00936 - 3207
 3b. Address (If same as 2b - state same) Giscla Consalez Ostie H. H.12 Be-Tel. No. 3e. Fax No. 3f. E-Mail Address 207 -777-394-7107 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Picdros, SJ Factor 10 5b. Description of Unit Involved 6a. No. of Employees in Unit: 3 X 6b. Do a substantial number (30% Included: All Protection and Maintainance employees, including numerouse runners", employed by the employer in its Facilities located in Rio or more) of the employees in the Piedres, D.R unit wish to be represented by the All clevical and office employees employees, guards , confidential Supervisors Petitioner? Yes X No and Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 6091 Torre Sur Ste Union Insular de 8c. Tel No. Trabajadores Industriales THE Carita 8f. E-Mail Address 8e. Fax No. 787-720-787-200-7088 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) NOV. 30. 2018 9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? (Name of labor organization) _ , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10b. Address 10c. Tel. No. 10d. Cell No. 10a. Name 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: > Manual Mixed Manual/Mail Mail [any such election. 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): september 24, 7018 4:00 AM - 9:00 HM TQ. M. (Sviza Dajcy) 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) (CGT) Central Cocneral de Trabajadores (CGT) Pr Box 192 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) PrBOX 192401 SJ. PR 00919-2401 12e. Cell No. 12g. E-Mail Address 12d. Tel No. 12f. Fax No. 787-296-9072 787-296-4424 328-4330 (4+ puertorico e gmail 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title 0019-2901 Sec. Organiza Suff F. Barb POBOX 192901 55, P.R 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 2960 -328-4330 296-9072 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Scott F. Burses Signature Date 2018 presentat, ve WILLFUL FALSE STATEMENTS ON THIS RETIPION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form a authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
12-RC-227781	Sep. 21, 2018					

	ACHIEV CONT. TO STANDARD STANDARD				12-RC-2	2//81		p. 21, 2018
INSTRUCTIONS: Unless e-Filed to employer concerned is located. the employer and all other partie Case Procedures (Form NLRB 48	The petition must be accomes named in the petition of: (panied by	y both a sho tition; (2) St	wing of interest (seatement of Position	e 6b below) a form (Form N	nd a certifica LRB-505); ar	te of service showing s nd (3) Description of Re	ervice on presentation
PURPOSE OF THIS PETITION: bargaining by Petitioner and Pet requests that the National Lab	itioner desires to be certified a	as represe	entative of the	employees. The Per	titioner allege	s that the fol	lowing circumstances	
2a. Name of Employer:		2b. Add	ress(es) of E	stablishment(s) involv	ved (Street an	d number, City	, State, ZIP code):	
	049 31			9.0m of 652				
CEMEX - Brooksville So	outh Cement Plant	1033	I CEMEN	+ Plant Rd. B	rocksville	FL 39	1601	
3a. Employer Representative - Na	me and Title:	3b. Add	ress (if same	as 2b - state same):				
	20	1						
Brett Lato - Human 3c. Tel. No.	u Resources	5.	3e. Fax No.					
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mai	Address		
352 - 799 - 7881 4a. Type of Establishment (Factory,								
	mine, wholesaler, etc.)			Product or Service			nd State where unit is loc	ated:
Mine			Cem	ent		Brook.	sville FL	
5b. Description of Unit Involved: Included: Full +im & Employed Electricians, Ware house	Maintenance, Yard,	Salery	ROOM, Ship Now-ex	ping+Bogging, Fi Tempt	Rame,	6a. Numb	er of Employees in Unit:	
Excluded: All office Clericle	amplaces anords s	unervic	acces de	Pialed by the	act	6h Do a s	substantial number (30%	or more)
V200						of the repres	employees in the unit wis ented by the Petitioner?	h to be
Check One: 7a. Request for re on or about (Date	cognition as Bargaining Repre		e was made of eceived, so si		<u> </u>	ind Employer	declined recognition	
☐ 7b. Petitioner is co	urrently recognized as Bargair				under the Ac	t.		
8a. Name of Recognized or Certif	ied Bargaining Agent (If non	e, so state	e) 8b. Add	ress:				
NS/A				1/A				
8c. Tel. No.	8d. Cell No.		8e. Fax No.	7,,	8f. E-Mai	Address		
NIA	NA		NIA	ğ	N	A		
8g. Affiliation, if any:		81	. Date of Re	cognition or Certificat			urrent or Most	
N/A			NIA		Recent C	ontract, if any	(Month, Day, Year)	
Is there now a strike or picketing (Name of Labor Organization)	at the Employer's establishme	ent(s) invo	olved? N/A	If so, approx			es are participating? // ver since (Month, Day, Yo	S/A
10. Organizations or individuals other	or than Petitioner and those n	amed in it	ems 8 and 9	which have claimed				_,,,,
individuals known to have a repr							oo and outer organizatio	
10a. Name	10b. Address				10c. Tel.	No.	10d. Cell No.	
, and the second	1.00.7.000				NIF		NIA	
102	7				10e. Fax		10f. E-Mail Address	
N/A	N/A	7			N/A		NIA	
11. Election Details: If the NLRB of	onducts and election in this m	atter, stat	e your position	on with respect to any	such election	11a. Election	n Type:	
		20	0	- 2		-		d Manual/Mail
11b. Election Date(s):	11c. Election Til	(3.3.5)	2001-22			tion Location(
10/4/18	7 Am	- 3	pm		Employ	ice La	Nch/Break Roo. ZIP code):	7
12a. Full Name of Petitioner (inclu	ding local name and number):			12b. Address (street a	and number, c	ity, State and	ZIP code):	
0		257	- 1					
Tuterwatianal Brother 12c. Full name of national or interna	hood of Boilerr	maker	5	753 State	Ave. 1	ansas C	ity K5 661	01
Enternational Brother ho	ed of Boilermake	rs Iro	w Ship Bu	ilders, Blacks	miths Forg	ers and H	elpers, AFL-C	IO
	12e. Cell No.		the section of the second of the product of the			all Address		
913 - 371 - 2 640 13. Representative of the Petition	N/H	f all pane	888-70	21-4047	NIA	dina		_
13a. Name and Title:	er who will accept service o	ait pape		s (street and number				
Steve Adair - De	TOONIZET		753 5	tate Ave	Kansas	City	KS 66101	
Steve Adair - Or 13c. Tel. No.	13d. Cell No.		13e. Fax No	tate Ave.	13f. E-Ma	il Address		
	765-469-7817	1	888-72	1-4047	Sadair	Oboiler	makers. org	
I declare that I have read the above	e petition and that the state	ements ar	re true to the	best of my knowled	dge and belie	f.	3,-3	
Name (Print)	Signatur	6/	111	1.	Title			Date
Steve Adair	SI	(a)	C.Co	lan	Organ:	ZEF		9/20/18

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
12-RC-228269	9/28/18					

		NO / Lillie				1	2-RC-	22826	9	9/2	28/18	
INSTRUCTIONS: Unless e-Filed us employer concerned is located. Ti the employer and all other parties Case Procedures (Form NLRB 481	must be accom the petition of: (see 6b on form	below) and (Form NL	d a certificat RB-505); an	e of service st d (3) Descripti	gion in wi nowing se on of Rep	nich the ervice on presentation					
PURPOSE OF THIS PETITION: For bargaining by Petitioner and Petitioner requests that the National Laboratory	oner desire	s to be certified a	as represe	ntative o	f the employees. The F	Petition	er alleges	that the foll	owing circums	stances e		
2a. Name of Employer: Lee County Electric Coop	erative	8			of Establishment(s) invoice Dr N. Ft. Mye			number, City	, State, ZIP coo	le):		
3a. Employer Representative - Nam Kathy Irwin Dir, HR & Fa			3b. Addr same	ress (if sa	ame as 2b - state same	e):	*****					
3c. Tel. No. 239-656-2147	3d. Cell No 239-83			3e. Fax 239-9	No. 95-4894		3f. E-Mail A kathy.ir	oddress win@lce	c.net			
4a. Type of Establishment <i>(Factory, r</i> Utility	nine, whole	saler, etc.)		4b. Prince Power	cipal Product or Service T	æ			d State where d Myers, FL		ated:	
5b. Description of Unit Involved: Included: see attached		-						8	er of Employees			
Excluded:								of the e	ubstantial numb imployees in the inted by the Per	e unit wish titioner?	to be	
Check One: 7a. Request for recon or about (Date) 7b. Petitioner is cur	rently reco	(If r gnized as Bargain	no reply re ning Repre	ceived, s	so state). e and desires certificati	ion und		d Employer o	declined recogn	intion	2//2	_
8a. Name of Recognized or Certifle	d Bargaini	ing Agent (If non	e, so state	9) 8b.	Address:							
Bc. Tel. No.	8d. Cell No	о.		8e. Fax No.			8f. E-Mail Address					•
Bg. Affiliation, if any:	0.20		8h	. Date of	Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)							
9. Is there now a strike or picketing at	the Emplo	yer's establishme	ent(s) invo	lved?	If so, appro		* 1000 at 1		s are participati			
(Name of Labor Organization)		- 14			do hist bar deise				er since (Month			
 Organizations or individuals other individuals known to have a repre 									es and other org	ganization	is and	
10a. Name		10b. Address				la l	10c. Tel. No. 10d. Cell No.					
							10e. Fax N	0.	10f. E-Mail Ad	dress		
11. Election Details: If the NLRB cor	nducts and			e your po	sition with respect to a	50000-0000		Manua Manua	l Mail	Mixed	Manual/Mail	
11b. Election Date(s): October 22, 2018		11c. Election Til 5pm-7pm	me(s):			ŝ	N. Ft. M		vice center	Conf	123	
12a. Full Name of Petitioner (include International Brotherhood	Of Elec	ctrical Work	ers LU		PO Box 253 l	Palm	Harbor,	FL 3468		- 1800 A 1800		
12c. Full name of national or internati International Brotherhood						t (if non	e, so state)	:				
12d. Tel. No. 727 542-0212	12e. Cell N 727 542	2-0212			87-1331	1		mith@ib	ew.org			
13. Representative of the Petitione 13a. Name and Title: Kathy A Smith IBEW Lead (13b. Add	urposes of the representation of the represe	ber, city	, State and								
13c. Tel. No. 727 542-0212	13d. Cell 1 727 542	2-0212			87-1331			Address mith@ib	ew.org			•
declare that I have read the above Name (Print)	petition a	ond that the state		e true to	tne best of my know	Title		1 .	<u> </u>	54 +0400+040	Date	-
Kathy A Smith		1	cety	U	Juit	1	BEW	LEAI) (DRGANI.	ver	Pate 1818	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

ATTACHMENT

Include: All regular full time Senior Systems Operators located in the N. Ft Myers Service Center.

Exclude: All clerical, supervisors, management, guards and all others defined by the law.

RECEIVED TAMPA, FLORIDA SEP 2 8 2018

NATIONAL LABOR RELATIONS 3D. REGION 12

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

*	A CONTRACT OF THE PROPERTY OF
	IN THIS SPACE
Case N2-RC-228892	Date Filed OCT 10, 2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov , submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.										
1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.										
2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city. State, ZIP code) Fox Sports Net Florida, Inc. 2b. Address(es) of Establishment(s) involved (Street and number, city. State, ZIP code) 500 E. Broward Blvd., Suite 1300 Ft. Lauderdale, FL 33394										
3a. Employer Representative – Name and Michael Campolo, Senior Vice Pres	sident; Steve	n Moy, Director	2121 A	venue of the	s 2b – state same) e Stars, Suite 70		The state of the s			
310-369-2626	3d, Cell No.	I⊩4b, Principal pro	3e. Fax				oolo@fox.com; Steve.Moy@fox.com			
4a. Type of Establishment (Factory, mine. v Cable television network	vnoiesaier, etc.)	Sports / ente					and State where unit is located: ward, Palm Beach Counties, State of Florida			
5b. Description of Unit Involved Included: See Attachment A	HALES TO THE STATE OF THE STATE				- <u>0.0</u>	::::::::::::::::::::::::::::::::::::::	6a. No. of Employees in Unit: Approx. 100+			
Excluded: See Attachment A							6b. Do a substantial number (30%) or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No			
Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 10/9/2018 and Employer declined recognition on or about 1 no reply 1 (Date) (If no reply received, so state). No reply 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.										
8a. Name of Recognized or Certified Bar	gaining Agent ('lf none, so state).	* * * * * * * * * * * * * * * * * * * *	8b. Address		3: ann.	omenica de destar en la composición de			
8c. Tel No.	None 8c. Tel No. 8d Cell No. 8e. Fax No. 8f, E-Mail Address									
8g. Affiliation, if any			of Recognition or	or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)						
9als there now a strike or picketing at the E	mployer's estab	lishment(s) involved	1? No_	If so, approx	imately how many er	nployees are pa	articipating?			
(Name of labor organization)	in in the same of	has pic	keted the E	mployer since (/	Month, Day, Year)					
Organizations or individuals other than likenown to have a representative interest in a None						resentatives an	d other organizations and individuals			
, 10a. Name	10b. A	ddress			10c, Tel. No.	The second of	10d. Cell No.			
,					10e. Fax No.		10f. E-Mail Address			
 Election Details: If the NLRB conducts any such election. 	an election in t	his matter, state you	ur position v	with respect to	11a. Election Type	: Manual [✓ Mail Mixed Manuel/Mail			
11b, Election Date(s): Ballots meiled 10/23/18; Ballots returned by 1	1/13/18 Mail b		balloting p	period	11d. Election Loca Mail ballots					
12a. Full Name of Petitioner (including lo International Alliance of Theatrical Stage	Employees (IA	TSE)			207 W. 25th St., 4t		city, state, and ZIP code) k, NY 10001			
International Alliance of Theatrical Stage E	12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the U.S. Its Territories and Canada, AFL-CIO, CLC									
12d. Tel No. 12e, Cell No. 12f. Fax No. 12g. E-Mail Address 212-730-1770 212-730-7809 ahealy@iatse.net										
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Adrian D. Healy, Associate Counsel 13b. Address (street and number, city, state, and ZIP code) 207 W. 25th St., 4th Ft., New York, NY 10001										
13c, Tel No. 212-730-1770	13d. Cell No.		13e. Fax 212-730-		, and a Louisian manufacture	13f, E-Mail Ad ahealy@iatse				
I declare that I have read the above petiti	ion and that the	statements are tr			dedge and belief.					
	gnature	M	Title Associat	te Counsel		Date 10/10/201	G HILLSHIP WHILE SHOULD			
MOLICIU CALSE STATEME	MITC ON THE	CONTRACTOR DE	DUMPOUR	OVEING AND	INTERNATIONAL STATE OF THE PARTY OF THE PART	COOR TITI	E 18 SECTION 1001)			

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

ATTACHMENT A NLRB Form 502 (RC) Fox Sports Net Florida, Inc.

INCLUDED:

All freelance broadcast technicians, including Technical Managers, Technical Directors (TD), Audio Mixers (A1), Audio Assistants (A2), Video Controllers (V1), Assistant Video Controllers (V2), Graphic Operators, Graphic Coordinators, Camera Operators (jib, stationary, mobile, and remotely operated cameras), Capture/Playback Operators (Videotape Operators [VTR], Digital Recording Device Operators [DDR], EVS Operators), Score Box Operators, Utility Technicians, Stage Managers, Statisticians, Runners, and others in similar technical positions performing work, including pre-production, production and post-production work in connection with the telecasting of events at remote locations in Dade, Broward, and Palm Beach counties, Florida.

EXCLUDED:

All other employees, office clerical employees, and guards, professional employees and supervisors as defined in the Act.

FORM NLRB-802 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS	SPACE
Case No.	Date Filed
12-RC-229189	10/15/18

						_				TZ-KC.	- 2,2	AT C	9	1 10	\ T \\ T \\
INSTRUCTIONS: Unless e-filled using the Agency's website, <u>www.nip.gov/</u> , submit an original employer concerned is located. The petition must be accompenied by both a showing of interest the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Positic Case Procedures (Form NLRS 4812). The showing of interest should only be filed with the NLRS a									oe 61 o for	b below) and m (Farm NI.	d a ver RB-50.	tificate 5): and	of Service sh i (3) Description	owing s	tervice on presentation
1. PURPOSE OF THIS PETITION: I bargaining by Pelliloner and Petit requeses that the National Labo	ioner desires	s to be :	r ze balibrec	eprese	ntath	ve af (he emplo	yees. The P	etitio	nar alleges	that th	io follo	wing circums	tances	ollective exist and
27. Name of Employer: FANATICS, INC.			5	b. Add 5245	ress(Coi	es) of mmo	Establisi nweal	ment(s) invo th Ave, I	olved Jack	(Sireet and a Sonville,	FL 3	7. CIV. 3225	State, ZIP cod 4	ej:	· ·
33. Employer Representative - Nan Riley Keys, General Mani				b. Add		(If sen	ne es 2b	- stale some	r);	•••	,				
3c, Tel, No. (904) 562-6695	3d, Cell No).			3e. l	Fax No	0,			3f. E-Mail A TKCY8@			om		
4a. Type of Establishment (Factory,) Warehouse	nine, wholes	eeler, el	<u>(a)</u>		_		oal Produ Vear	of or Service	,				state where univille, Flo		æleď;
5b. Description of Unit Involved: Included: Mechanics											6a. N	iumbe	of Employees	în Unit	*****
Excluded:											0	f the c	batantial numb nployees in the nied by the Pet	o unit wis	or more) In to be
Check One: 7a. Request for reconnection on or about (Date) 7b, Petitloner is cui			(if no r	reply re	celve	ad, Bo	atato).		no un	ı	d Empl	loyer d	edined recogn	lton	
a. Name of Recognized or Certific															
8c. Tel. No.	8d. Cell No).			e. Fax No,			ef. 5-Mail Address							
8g. Affiliation, if any:						h. Date of Recognition or Certification 8). Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)									
9. Is there now a strike or picketing a	t the Employ	/8r's 68	spilehmeut((e) Invo	lved'	<u> No</u>		If an, appro			-		are participati		
(Name of Labor Organization)							بنينيت.			· ·			r since (Month		
10. Organizations or individuals other individuals known to have a repression.	inan reugo isentative ini	terest ir	any emplo	yces in	ems the	unil de	a, wnich scribad i	nave cienne de d e m oli n	QV8.	(If none, so a	eprosc etate)	II(9UV	s and duter org	ranizauo	ns anu
10a. Name		10b. A	ddress							10c. Tel. No.		, i	10d, Cell No.		
										10e. Fax N	O.		107. E-Mall Add	dress	
11. Election Details: If the NLRB co	nducts and t				e you	r poel	ilion with	reapect to a	ny su		X	/enue	Mall [Mixa	lisMeynaM t
11b. Election Date(e): October 22-26, 2018			edion Time							11d. Election Employ	er's l	ocat	o n		
12v. Full Name of Petitioner (Includ International Brotherhood	l of Team	nsters	, Local 9				1094	7 North 1	Mai		Jack		<i>iP codej:</i> ille, Florid	a 322	18
125, Full name of national or international Brotherhood	ional labor o l of Team	ngeniza 1sters	llan of Which	h Pemi	aner	le an a	ailillaic o	r constiluent	(if no	ne, so state)); 	-			
12d. Tel. No. (904) 764-7756					121.	Fax N	lo.			12g. E-Mai	Addre	35			
13. Representative of the Positioner who will accept service of all paper 130. Name and Title: Donald Ray Connell, Principal Officer, IBT Local 947					135.	. Addr	ens (atre	el and numb	er, all	ion proceed ly, State and licksonville	ZIP co		32218		
13c, Tel. No. (904) 764-7756	(904) 80	03-98				. Fax i					onne		@comcast	.net	
I declare that I have read the above	e petition ar	nd that		व्यक्ति स	e tru	ia to 1	he best	fmy know							I Date 1
Name (Print) Donald Ray Connell			Signaly	4	//	0	01		Pr		ffice	er, IB	T Local 9	47	10/10/18

FORM NLRB-502 (RC)

UNITED STATES OF AMERICA

DO NOT WRITE IN THIS SPACE 12-RC-230899

NATIONAL LABOR RELATIONS BOARD (2-18)Case No. Date Filed **RC PETITION** 11-13-18 INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: Triumph Aerospace Structures 1801 SE Airport Rd., Stuart, FL 34996 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Curt Heitkamp, Site Plant Manager Same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 772-220-5300 clheitkamp@triumphgroup.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Aircraft Parts Factor Stuart, FL 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: 245 Full and Part Time Hourly Production, Quality, Warehouse and Maintenance employes 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? 🔀 Yes 🔲 No All other employees, Guards, Salary, and Supervisors as define in the NLRA Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 11-13-2018 and Employer declined recognition on or about (Date) (If no reply received, so state). ☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: 8e. Fax No. 8c. Tel. No. 8d Cell No. 8f F-Mail Address 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? N_0 If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 11-29-2018 7:00am - 9:00am, 12:30pm - 2:30pm Market Place Room 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code) International Automobile, Aerospace, Agriculture 8000 East Jefferson Ave., Detroit, MI 48214 Implement Workers of America, International Union, UAW 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Automobile, Aerospace, Agriculture Implement Workers of America, International Union UAW 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 313-926-5461 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 13a. Name and Title: Chris Needham, International Representative 8000 East Jefferson Ave., Detroit, MI 48214 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 317-201-9587 cneedham@uaw.net

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) **PRIVACY ACT STATEMENT**

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE Date Filed 11/14/2018 Case No. 12-RC-231088

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the

employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	named in t	the petition of	: (1) the pet	tition; (2) S	tatement of Positi	on for	n (Form NLI	RB-505); and	i (3) Descrip	tion of Re	presentation		
PURPOSE OF THIS PETITION: It bargaining by Petitioner and Petit requests that the National Laboration	ioner desire	s to be certified	as represe	ntative of th	ne employees. The	Petitio	ner alleges t	that the follo	wing circum	stances e			
2a. Name of Employer: Nursing Center at Mercy													
3a. Employer Representative - Nar Sam Chevin, Administrati			3b. Add Same	Source of noncestrative	ne as 2b - state san	ne):			14.5				
3c. Tel. No. 305-854-1110	3d. Cell No). 		3e. Fax No 305-854			3f. E-Mail Address						
4a. Type of Establishment (Factory, Nursing Center	mine, whole	saler, etc.)		4b. Princip Healtho	al Product or Servi	ce	s Al	5a. City and Florida	d State where	unit is loc	ated:		
5b. Description of Unit Involved: Included: See attached			i ii		£		*	6a. Numbe 96	r of Employee	es in Unit:			
Excluded: See attached								of the e	ibstantial num mployees in t nted by the P	he unit wis	h to be		
Check One: 7a. Request for recon or about (Date) 7b. Petitioner is cu		(f no reply re	ceived, so	state).	tion un			leclined recog				
8a. Name of Recognized or Certific					Idress:	auon ari	der the Act.						
8c. Tel. No.	8d. Cell No	j.	8e. Fax No. 8f. E-Mail Ac								820		
8g. Affiliation, if any:			81	. Date of R	ecognition or Certif	fication			rrent or Most (Month, Day,				
9. Is there now a strike or picketing a	t the Emplo	yer's establishr	ment(s) invo	lved?	If so, app				are participa				
(Name of Labor Organization) 10. Organizations or individuals othe	r than Petitio	oner and those	named in it	oms 8 and	9 which have clain				er since (Mon				
individuals known to have a repre										gaza.io			
10a. Name		10b. Address					10c. Tel. No.		10d. Cell No.				
	12	10				10e. Fax No	о.	10f. E-Mail Address					
11. Election Details: If the NLRB co The proposed unit and ele				e your posit	tion with respect to	any suc	ch election:	11a. Election	7000	Mixed	i Manual/Mail		
11b. Election Date(s): December 13, 2018		11c. Election 5:30 am -		n; 1:30 p	m - 5:00 pm		11d. Election	n Location(s Center a	t Mercy,	Confere	ence Room		
12a. Full Name of Petitioner (included 1199SEIU, United Health		me and numbe	er):		12b. Address (stra 2881 Corpor		number, city	, State and Z	IP code):	16			
12c. Full name of national or internat Service Employees Intern			which Petiti	oner is an a	l affiliate or constitue	nt (if no	ne, so state)						
12d. Tel. No. 305-623-3000	12e. Cell N	io.		12f. Fax N 305-82			12g. E-Mail	Address					
13. Representative of the Petitione 13a. Name and Title: Lucia Piva, Esq., Union Atto		accept service	of all pape	13b. Addre	poses of the repress (street and num W 72 Street, M	nber, cit	y, State and	ZIP code):		3			
13c. Tel. No. 305-412-8322	13d. Cell N 786-44.		10.00	13e. Fax N 305-41			13f. E-Mail Address Ipiva@phillipsrichard.com						
I declare that I have read the abov	e petition a			re true to th	he best of my kno				1.7		15.:		
Name (Print). Signature				\sim			Title Date Union Attorney 11/14/18						

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Case Date Filed 12-RC-231088 11/14/2018

5b. Description of Unit Involved

Included:

Certified Nursing Assistants (CNA)

Housekeeping

Dietary

Activities

Laundry

Maintenance

Receptionist

Unit Secretary

Excluded: All other employees

Angel M. Rojas

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C P E T I T I O N

DO NOT WRITE IN THIS SPACE							
Case No. 12-RC-232745	Date Filed December 14, 2018						

12/13/18

in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) CC-1Limited Partnership d/b/a Coca-Cola Puerto Rico Bottlers Employer does not receive mail at the establishment involved 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Jose del Valle, Human Resources Director PO Box 51985 Toa Baja, PR 00950-1985 3c. Tel. No. 3d. Cell No. 3f. E-Mail Address 787-717-0797 787-717-0797 idelvalle@ccprb.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Corporation Distribution of Soft Drinks Cayey, Puerto Rico 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full-time and part-time production, maintenance and warehouse employees employed by the Employer at its 6b Do a substantial number (30% Cayey, Puerto Rico facility. or more) of the employees in the Excluded: All other employees, sales and delivery employees, team leaders, clerks, guards and supervisors as defined in the Act. unit wish to be represented by the Petitioner? X Yes No 7a. Request for recognition as Bargaining Representative was made on (Date) No. Check One: and Employer declined recognition on or about (Date) (If no reply received, so state). 0 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8h Address Solidaridad de Trabajadores y Trabajadoras de Coca-Cola D-25 Calle C Reparto Montellano, Cayey, PR 00736 8c. Tel No. 8f. E-Mail Address 8d Cell No. 8e. Fax No. 787-702-2753 939-275-4382 no fax milton_3490@hotmail.com-8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most F Contract, if any (Month, Day, Year) Nav 31, 2018 None 04/4/11 May 31, 2018 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? 9 (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a Name 10b. Address 10c. Tel. No. 10d. Cell No. 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to ✓ Manual Mixed Manual/Mail 11a. Election Type Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 12:00pm-2:00pm and 8:00pm-10:00pm In the conference room located in Cayey, Puerto Rico 1/3/19 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Movimiento Solidario Sindical Box 361453 San Juan, PR 00936-1453 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) None 12d. Tel No. 12g. E-Mail Address 12e Cell No. 12f Fax No. 787-627-4114 787-627-4114 irvelez@icloud.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Angel M. Rojas, Secretary/Treasurer 13b. Address (street and number, city, state, and ZIP code) Same as12b 13d Cell No. 13e. Fax No. 13f, E-Mail Address 13c Tel No 787-627-4114 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Title Signature Date

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Secretary/Treasurer

s/ Angel M. Rojas

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No. 12-RC-233214	Date Filed 12/21/2018					

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Sysco Foods of South Florida 12500 N.W. 112th Avenue, Medley, FL 33178-1055 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) John Abreu 12500 N.W. 112th Avenue, Medlev, FL 33178-1055 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 3e Fax No (305) 561-5421 (305) 653-0238 john.abreu@sysco.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Service Industry Group Food Miami, FL 5b. Description of Unit Involved 6a. No. of Employees in Unit: 100 Included: See attached Page 2 do for additional details. 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the See attached Page 2 for additional details. Petitioner? Yes ✓ No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c Tel No 8d Cell No 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? __n/a__ If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) none 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Mixed Manual/Mail 11a. Election Type:

✓ Manual Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 3:00 a.m. - 9:00 a.m. 01/18/2019 South Beach Room in Medley, Employer's pre-12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 12365 W. Dixie Highway, North Miami, FL 33161-5428 Teamsters Local Union No. 769 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters 12d Tel No 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (305) 891-5896 office@teamsterslocal769.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title D. Marcus Braswell, Jr., 13b. Address (street and number, city, state, and ZIP code) 100 Miracle Mile, Suite 300, Coral Gables, FL 33134 13d. Cell No. 13c. Tel No. 13e Fax No. 13f F-Mail Address (305) 529-2801 (305) 447-8115 mbraswell @sugarmansusskind.clom I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Signature Name (Print) Title Date 1 D. Marcus Braswell, Jr. Attorney December 21, 2018 Aswell, Jr. December 21, 2018
WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Case Date Filed 12-RC-233214 12/21/2018

<u>Unit Description – Sysco Foods of S. Fla.</u>

Employees Included

All drivers employed at the Auburndale, Medley, and Key West.

Employees Excluded

All other employees including warehouse employees, checkers, forklift operators, loaders, receivers, selectors, slot coordinators, short chasers, short runners, mechanics, clerical, inventory control; plus supervisors and guards as defined by the Act.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 12-RC-233250	Date Filed 12/21/2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2213 N.W. 30th Place, #7A, Pompano Beach, FL 33069-1206 North Star Seafood, LLC 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) SAME Josh Burman 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (954) 984-0006 (954) 288-4446 (954) 984-5912 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Wholesale Trade Seafood Pompano Beach, FL 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: see attached page 2 40 6b. Do a substantial number (30% or more) of the employees in the Excluded: see attached page 2 unit wish to be represented by the Petitioner? Yes ✓ No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address None 8c Tel No 8d Cell No 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? n/a If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10c. Tel. No. 10a Name 10b Address 10d. Cell No. (305) 642-6255 Teamsters Local Union No. 769 12365 West Dixie Highway, North Miami, FL 33161 10e Fax No. 10f. E-Mail Address (305) 891-5896 office@teamsterslocal769.org 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type:

✓ Manual Mixed Manual/Mail Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): 11:00 a.m. - 1:30 p.m. and 2:00 p.m. - 6:00 p.m. 1/18/2019 Employee break room on Employer's premises 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 12365 West Dixie Highway, North Miami, FL 33161 Teamsters Local Union No. 769 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters 12d Tel No 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (305) 891-5896 office@teamsterslocal769.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title D. Marcus Braswell, Jr., Attorney 13b. Address (street and number, city, state, and ZIP code) 100 Miracle Mile, Suite 300, Coral Gables, Florida 33134 13d. Cell No. 13c Tel No 13e Fax No. 13f F-Mail Address (305) 529-2801 (305) 447-8115 mbraswell@sugarmansusskind.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Title Signature Date D. Marcus Braswell, Jr Attorney December 21 2018

WILLFUL FALSE STATEMENTS ON THIS PETITION C BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

<u>Unit Description - North Star Seafood, LLC</u>

All full-time and regular part-time drivers employed by the Employer at its facilities located in Pompano Beach, Florida, and Orlando, Florida;

Excluding all other employees, clerical employees, warehouse employees, processing employees, dispatch employees, confidential employees, professional employees, guards, and supervisors as defined by the Act.